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Dental

MANAGING AIR FORCE DENTAL SERVICES

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This instruction provides guidance and instructions for the Air Force Dental Services and implements AFRPD 47-1, *Dental Services*. It also implements the following directives and instructions for the Dental Service and its activities worldwide: Title 10, USC, Sections 1074, 1074a, 1076, 1076a, and 1077; DoD/HA Policy 98-031 Revised Utilization Management Policy for the Direct Care System when applied to Dental Practice. It also provides guidance to meet the civilian standards of the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention, and the American Dental Association. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority is in Title 10, USC, Chapter 55. Systems of Records Notices F044 AF SG AC, Dental Health Records, and F044 AF SG AC, Automated Medical/Dental Record System, apply. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>. This instruction applies to all United States Air Force facilities that provide dental services, including Air Reserve Components (except where application to a particular component is specified). Send comments and suggested improvements through channels to the Air Force Director, Dental Policy and Operations (AFMOA/SGD), 485 Quentin Roosevelt Road, San Antonio, TX 78226, on AF Form 847, Recommendation for Change of Publication. See **Attachment 1** for a glossary of references and supporting information.

SUMMARY OF CHANGES

This interim change provides clearer guidance that Air Force members will not be assigned, reassigned or transferred in order to receive or continue orthodontic treatment.

Chapter 1—ORGANIZATIONAL AND ADMINISTRATIVE RESPONSIBILITIES	5
1.1. Assistant Surgeon General for Dental Services	5
1.2. Air Force Reserve Mobilization Assistant (MA) and Air National Guard Assistant to the Assistant Surgeon General for Dental Services.	5
1.3. Director, Dental Corps (AF/SG1D).	5
1.4. Director, Dental Programs and Resources	6
1.5. Director, Dental Policy and Operations (AFMOA/SGD).	6
1.6. AFMOA/SGD Division Chiefs (including Air Force Reserve Command).	6
1.7. Superintendent, Dental Force Management (AFMOA/SGD).	7
1.8. AFMOA/SGD Division Superintendents/NCOICs	7
1.9. IMA to the Superintendent, Dental Force Management.	7
1.10. Air Reserve Component Advisors, include, but are not limited to	7
1.11. Chief of Dental Services (CDS).	8
1.12. Superintendent/NCOIC, Dental Squadron/Flight/Element.	8
1.13. Military Dental Consultants to the Air Force Surgeon General.	8
1.14. US Air Force Dental Evaluation and Consultation Service (DECS).	9
Chapter 2—DENTAL OPERATIONS AND ADMINISTRATION	11
2.1. Dental Service Manager's File.	11
2.2. Dental Service Report	12
2.3. Accreditation of Training Programs.	12
2.4. Air Reserve Component Dental Officers.	12
Chapter 3—FUNDS, FACILITIES AND MATERIEL	13
3.1. Financial Planning.	13
3.2. Establishing, Modifying and Disestablishing Fixed Dental Facilities:	13
3.3. Managing Government Property.	13
Chapter 4—OCCUPATIONAL SAFETY AND HEALTH	15
4.1. Regulatory Responsibilities.	15
4.2. Hazardous Material Management.	15
4.3. Amalgam Waste Handling Procedures.	15
4.4. Infection Control Procedures.	15
4.5. As Low As Reasonably Achievable (ALARA) Program.	15
Chapter 5—DENTAL HEALTH RECORDS	16
5.1. Responsibilities.	16

5.2.	AF Forms 2100B-2190B,	16
5.3.	Maintaining Other Uniformed Services' Dental Health Records.	17
5.4.	Documenting Dental Health Records.	17
5.5.	Dental Health Records of Personnel on Temporary Duty.	19
5.6.	Dental Health Record Inventories.	20
5.7.	Release and Disclosure of Information from Dental Health Records.	20

Chapter 6—PROFESSIONAL CARE OF PATIENTS **21**

6.1.	Responsibilities.	21
6.2.	Priority of Care.	21
6.3.	Diagnosis.	22
6.4.	Treatment Plan (AD only).	22
6.5.	Urgent and Emergent Dental Care (AD only).	22
6.6.	Air Force Dental Readiness Assurance Program (AFDRAP).	22
6.7.	Family Member Dental Care Program.	22
6.8.	Dental Care Supporting Training Objectives.	22
6.9.	Examinations.	23
6.10.	Active Duty Dental Clearances.	26
6.11.	Private Sector Dental Care.	27
6.12.	Family Member Overseas Dental Clearances.	28
6.13.	Postmortem Dental Identification.	28
6.14.	Public Health Surveillance and Reporting	29
6.15.	Family Advocacy.	29
6.16.	Personnel on Flying Status.	29
6.17.	Personnel Reliability Program.	30
6.18.	Hypertension Screening.	30
6.19.	Consultations and Referrals.	30
6.20.	Oral Pathology Services.	30
6.21.	Refusal of Dental Treatment.	30
6.22.	Comprehensive Pain and Anxiety Control.	30
6.23.	Disposition of Removed Prostheses.	32
6.24.	Orthodontic Services.	32
6.25.	Dental Implants.	35
6.26.	Quality Management/Utilization Management/Dental Peer Review.	35
6.27.	Informed Consent.	35

6.28.	US Air Force Preventive Dentistry Program (AD only).	36
6.29.	Operating Room Privileges.	37
Chapter 7—	DENTAL LABORATORY	38
7.1.	Responsibilities.	38
7.2.	Base Dental Laboratory (BDL).	38
7.3.	Area Dental Laboratory (ADL).	38
7.4.	Dental Precious Metals and Alloys.	38
7.5.	Record of Laboratory Services.	39
7.6.	Prosthesis Identification.	39
7.7.	Laboratory Quality Control.	39
7.8.	Adopted Forms.	39
Attachment 1—	GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION	41
Attachment 2—	DEPARTMENT OF DEFENSE DENTAL READINESS CLASSIFICATION	46
Attachment 3—	INSTRUCTIONS FOR MANAGEMENT OF DENTAL READINESS CLASS 3 PATIENTS IN THE AIR NATIONAL GUARD AND COMPLETION OF AF FORM 469, DUTY LIMITING CONDITION REPORT	48
Attachment 4—	SAMPLE LETTERS	49

Chapter 1

ORGANIZATIONAL AND ADMINISTRATIVE RESPONSIBILITIES

1.1. Assistant Surgeon General for Dental Services . This individual will:

- 1.1.1. Advise the Air Force Surgeon General concerning dental operations and force development.
- 1.1.2. Provide strategic vision and oversight for development of dental policies.
- 1.1.3. Serve as Chair of the AF Dental Service Executive Board; preside over Dental Executive Board meetings.
- 1.1.4. Serve as Chair of the Dental Development Team (DT) as defined in AFI 36-2640, *Total Force Development (Active Duty Officer)*.
- 1.1.5. Recommend the appointment of dental consultants to the Air Force Surgeon General. IAW AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*.
- 1.1.6. Coordinate Air Force dental activities with other federal and national dental activities.
- 1.1.7. Appoint AF Dental Service representatives to federal and national dental activities and committees.

1.2. Air Force Reserve Mobilization Assistant (MA) and Air National Guard Assistant to the Assistant Surgeon General for Dental Services. These individuals will:

- 1.2.1. Ensure Air Force dental programs and policies are implemented within Air Reserve Component (ARC) dental activities.
- 1.2.2. Advise Assistant Surgeon General for Dental Services and Director, Dental Policy and Operations (AFMOA/SGD) on all matters related to ARC dental activities.
- 1.2.3. Provide strategic vision and oversight toward development/ coordination of dental policy and force development within their respective reserve component dental services."

1.3. Director, Dental Corps (AF/SG1D). This individual will:

- 1.3.1. Advise Assistant Surgeon General, Medical Force Development and Assistant Surgeon General for Dental Services on recruiting, retention, promotion and educational issues.
- 1.3.2. Serve as Career Field Manager (CFM) for all dental officers in the Force Development program IAW AFI 36-2640, *Total Force Development*.
- 1.3.3. Schedule and develop the agendas for Development Team (DT) meetings. Serve as Chair of the DT in the absence of the Assistant Surgeon General for Dental Services.
- 1.3.4. Serve as voting member of the Integrated Forecast Board (IFB).
- 1.3.5. Provide guidance to the Air Force Personnel Center (AFPC) and the Deputy Chief of Staff, Manpower and Personnel (AF/A1) regarding assignments, career development, and personnel issues.
- 1.3.6. Serve as the primary representative to OASD(HA)/TMA for dental personnel and special pay issues.

1.4. Director, Dental Programs and Resources (AFMSA/SG3D). This individual will:

- 1.4.1. Advise the Assistant Surgeon General for Dental Services; Director, Dental Policy and Operations; Director, Dental Corps; on all AFMS dental planning and programming matters.
- 1.4.2. Develop AFMS Medical Annual Planning and Programming Guidance as it relates to dental operations. Communicates requirements to Air Force, Strategic Medical Plans and Programs Directorate, Air Force, Modernization Directorate, Air Force, Financial Management Directorate.
- 1.4.3. Brief AFMS Corporate Structure bodies/functions as required.
- 1.4.4. Serve as Co-Chair of the Dental Operations Panel.
- 1.4.5. Validate, adjust (if required) and recommend program adjustments (disconnects, initiatives, offsets) to/from AFMOA/SGD.
- 1.4.6. Work with the Dental Panel Program Element Manager to coordinate on all dental issues, plans, programs, and proposals that require resources.

1.5. Director, Dental Policy and Operations (AFMOA/SGD). This individual will:

- 1.5.1. Advise the Assistant Surgeon General, Health Care Operations, and Assistant Surgeon General for Dental Services concerning dental operations.
- 1.5.2. Serve as Chair of the AF Dental Service Executive Board in the absence of the Assistant Surgeon General for Dental Services.
- 1.5.3. Serve as Co-Chair of the Dental Operations Panel.
- 1.5.4. Formulate and direct dental policies, standards and requirements ensuring their execution through the Dental Directorate, Air Force Medical Operations Agency (AFMOA/SGD).
- 1.5.5. Ensure pertinent dental data is collected, analyzed and used to improve dental care delivery.
- 1.5.6. Oversee comprehensive programs to continuously improve prevention and treatment of dental disease to ensure deployment readiness of Air Force members.
- 1.5.7. Serve as the primary advisor to the Office of the Assistant Secretary of Defense (Health Affairs)/TRICARE Management Activity (OASD(HA)/TMA) for dental issues.

1.6. AFMOA/SGD Division Chiefs (including Air Force Reserve Command). These individuals will:

- 1.6.1. Ensure implementation/execution of Air Force dental programs and policies across all AF dental treatment facilities.
- 1.6.2. Advise AFMOA/SGD on the management of dental programs and policy compliance as appropriate.
- 1.6.3. Provide guidance to Chiefs of Dental Services (CDS) to ensure policy compliance and conduct staff assistance visits (SAVs) as appropriate and available.
- 1.8.4. Provide a mechanism for assisting in dental standard of care determinations through coordination with Military Specialty Consultants for expert medical-legal reviews.
- 1.6.4. Provide career guidance to identify, develop, and recognize future Air Force leaders, and serve as members of the DT.
- 1.6.5. Serve as voting members on the Dental Executive Board and the Dental Operations Panel.
- 1.6.6. Ensure appropriate allocation of dental resources.

1.6.7. Coordinate dental activities with other federal dental activities, as appropriate.

1.6.8. Provide support to ARC dental activities.

1.7. Superintendent, Dental Force Management (AFMOA/SGD). This individual will:

1.7.1. Advise the Assistant Surgeon General for Dental Services, AFMOA/SGD staff, and AF/SG1D on matters related to the morale, welfare, utilization, and training of dental ancillary personnel.

1.7.2. Advises AFMOA/SGD staff in the formulation of dental policies, standards and requirements ensuring base level execution through AFMOA/SGD.

1.7.3. Serve as AF Career Field Manager (CFM) for the 4Y0XX Air Force Specialties IAW AFI 44-104, *Military and Civilian Consultant Programs and Medical Enlisted Career Field Manager Program*; AFD 36-22, *Air Force Military Training*; AFI 36-2201, Volumes 1-6, *Air Force Training Program*; and AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*.

1.7.4. Conduct Utilization and Training Workshops IAW AFI 36-2201, Vol 5, *Air Force Training Program Career Field Education and Training*.

1.7.5. Serve as a voting member of the AF Dental Service Executive Board and Dental Operations Panel.

1.7.6. Mentor ancillary personnel on career progression and developmental opportunities; identify and develop future Air Force leaders.

1.8. AFMOA/SGD Division Superintendents/NCOICs (including Air Force Reserve Command). These individuals will:

1.8.1. Advise AFMOA/SGD, AFMOA/SGD Division Chiefs, 4Y0XX CFM and AFPC/A1 on the management of dental enlisted programs, policy compliance and manpower, as appropriate

1.8.2. Ensure implementation/execution of Air Force dental programs and policies at AF dental treatment facilities.

1.8.3. Advise the CDS/Superintendent/NCOIC at AF dental treatment facilities (DTFs) on matters related to the development and execution of dental operations and enlisted training programs. Conduct SAVs at the request of the base CDS as appropriate and available.

1.8.4. Mentor enlisted personnel on career progression and developmental opportunities; identify and develop future Air Force leaders.

1.8.5. Compile and forward reports to appropriate agencies IAW HHQ guidance.

1.9. IMA to the Superintendent, Dental Force Management. This individual will:

1.9.1. Advise the Superintendent, Dental Force Management on all matters related to ARC dental enlisted activities.

1.9.2. Provide support to ARC Advisors on matters related to ARC dental enlisted training and readiness issues.

1.10. Air Reserve Component Advisors, include, but are not limited to :

1.10.1. AFRC/SGD to AFRC/SG, who also chairs the ARC Dental Advisory Board.

1.10.2. IMA to Director, Dental Policy and Operations (AFMOA/SGD).

1.10.3. IMA to Director, Dental Corps (AF/SG1D)

- 1.10.4. IMA to USAF/RE
- 1.10.5. IMA to USAF/SGR
- 1.10.6. IMA to RMG (Readiness Management Group).
- 1.10.7. IMA to AFPC/DPAMD
- 1.10.8. IMA to the Superintendent, Dental Force Management

1.11. Chief of Dental Services (CDS). The term “CDS” as used throughout this instruction refers to the AD or ARC officer in charge of the base dental services (squadron commander, flight commander, etc). This individual will:

- 1.11.1. Manage base dental services IAW applicable AFIs, and published Air Force Medical Service Dental Practice Guidelines.
- 1.11.2. Ensure required dental services to include any Private Sector Care (PSC) delivered to patients referred from the DTF are provided in an appropriate manner to ensure mission accomplishment.
- 1.11.3. Advise the MTF Commanders and AFMOA/SGD on matters related to all dental activities.
- 1.11.4. Compile and send required reports/data to AFMOA/SGD.
- 1.11.5. Provide for the management, career progression, recognition and mentoring of all assigned dental personnel IAW Air Force, MAJCOM, and local policies.
- 1.11.6. Ensure privileged dental officers maintain professional competency and appropriate credentials IAW AFI 44-119, *Medical Quality Operations*.
- 1.11.7. Appoint a Superintendent/NCOIC to manage dental enlisted and other ancillary personnel programs.
- 1.11.8. Coordinate dental activities with other local governmental and civilian dental activities, as appropriate.
- 1.11.9. Provide dental support to ARC dental activities as appropriate.

1.12. Superintendent/NCOIC, Dental Squadron/Flight/Element. This individual will:

- 1.12.1. Assist the CDS in the management of base dental services. Recommend process improvements, as necessary.
- 1.12.2. Oversee and manage the utilization and training of dental enlisted and civilian ancillary personnel.
- 1.12.3. Coordinate dental activities with HHQs and other base and civilian agencies, as appropriate.
- 1.12.4. Mentor ancillary personnel on career progression and developmental opportunities; identify and develop future Air Force leaders.
- 1.12.5. Compile and forward required reports to AFMOA/SGD IAW HHQ guidance.

1.13. Military Dental Consultants to the Air Force Surgeon General. The Office of the Surgeon General administers the military and civilian consultant programs as specified in AFI 44-104, *Military and Civilian Consultant Programs and Medical Enlisted Career Field Manager Program*. Responsibilities of civilian and military consultants are outlined in AFI 44-104. Military Dental Consultants to the Air Force Surgeon General will:

1.13.1. Be recommended by the Assistant Surgeon General for Dental Services and appointed by the Air Force Surgeon General.

1.13.2. Provide advice to the AF/SG1D and AFPC/DPAMD (Chief, Air Force Dental Education) regarding assignment of officers in their specialty.

1.13.3. Serve as liaison between the AF Dental Service and their respective specialty academies and professional associations.

1.13.4. Provide professional guidance, technical and resourcing advice in their respective specialty; including but not limited to standards of care, scope of practice, expeditionary dentistry skills, productivity and manning requirements and coding of services.

1.13.5. Be authorized to communicate and coordinate directly with Assistant Surgeon General for Dental Services, AFMOA/SGD, AFMSA/SG3D, and AF/SG1D.

1.14. US Air Force Dental Evaluation and Consultation Service (DECS). DECS provides a variety of dental support activities relevant to the needs of the AFMS as directed by AFMOA/SGD. In addition, DECS supports military medical centers and dental training programs by providing continuing education lectures and technical assistance for investigations. DECS performs the following services:

1.14.1. Provides technical assistance to in-garrison dental treatment facilities and expeditionary dental units in resolving operational issues.

1.14.2. Tests, evaluates, and provides consultative services on new commercially available dental equipment, materials, and infection control items to determine suitability for use by the federal dental services.

1.14.3. Reviews dental equipment and materials in expeditionary dental allowance lists for suitability to the expeditionary mission.

1.14.4. Maintains AFMS Dental Treatment Room (DTR) inventory (AD facilities only).

1.14.5. Reviews dental facility new construction and remodeling projects to ensure designs are consistent with AF Dental Service operational needs and are compliant with federal building standards as well as occupational health, environmental, and safety standards.

1.14.6. Reviews all dental investment equipment requests and dental equipment purchase requests that require integration with the existing dental facility.

1.14.7. Disseminates information to dental services through the DECS web site, e.g. product evaluations, information on new products of interest to military customers, literature reviews, "hot" announcements and alerts (product recalls, etc.), questions from the field, previous newsletters, and infection control information.

1.14.8. Conducts the Federal Service Dental Infection Control/Occupational Health course.

1.14.9. Provides distance learning education capabilities through the DECS website.

1.14.10. Works closely with the US Army Dental and Trauma Research Detachment and the Naval Institute for Dental and Biomedical Research on research and/or technology development that is relevant to the needs of the federal dental services.

1.14.11. Conducts special projects as directed by AFMOA/SGD and AFMSA/SG3D.

1.14.12. Provides technical and educational support to federal dental residency training programs.

1.14.13. Represents the Dental Service at technical conferences and acts as liaison with other civilian, federal, and military research and regulatory agencies.

Chapter 2

DENTAL OPERATIONS AND ADMINISTRATION

2.1. Dental Service Manager's File. Each DTF must maintain a manager's file. Electronic format is acceptable. At a minimum, include or reference these items:

- 2.1.1. AFRPD 47-1 and AFI 47-101.
- 2.1.2. **(AFRC only)** Current applicable AFRC Guidance or Directive.
- 2.1.3. **(AD only)** Appropriate medical treatment facility instructions.
- 2.1.4. Dental service functional organizational chart.
- 2.1.5. Base-level dental instructions (AD facilities only, if applicable).
- 2.1.6. Dental services operating instructions.
- 2.1.7. **(AD only)** Dental Operations Plan. The Dental Operations Plan includes at minimum:
 - 2.1.7.1. Dental Service Report.
 - 2.1.7.2. Dental service metrics and population health indicators.
 - 2.1.7.3. Customer comments and follow-up.
 - 2.1.7.4. DoD Dental Patient Satisfaction Report.
 - 2.1.7.5. Annual dental operating budget/financial plan.
 - 2.1.7.6. Private sector care (PSC) reports, if applicable.
- 2.1.8. Dental Service Report.
- 2.1.9. Personnel assigned primary duties and significant additional duties.
- 2.1.10. **(AD only)** DTR inventory.
 - 2.1.10.1. Document coordination with AFMOA/SG3D and DECS (when applicable).
- 2.1.11. Current, military and civilian assessment guides as applicable:
 - 2.1.11.1. Air Force Inspection Agency (AFIA) Health Services Inspection Guide.
 - 2.1.11.2. Joint Commission (JC) manual (AD only).
 - 2.1.11.3. Accreditation Association for Ambulatory Health Care (AAAHC) Accreditation Handbook for Ambulatory Health Care (AD only).
- 2.1.12. Self-inspection/assessment checklists.
- 2.1.13. Inspection, assessment, staff assistant and other site-visit reports and follow up action.
- 2.1.14. Dental service function notes/reports/minutes, as applicable.
- 2.1.15. **(AD only)** Dental logistics information.
 - 2.1.15.1. Five-year plan for equipment replacement.
 - 2.1.15.2. Annual and monthly logistic reports.
 - 2.1.15.3. Equipment historical maintenance report.

2.1.16. Documentation of annual record inventory.

2.2. Dental Service Report

2.2.1. Reporting Requirements.

2.2.1.1. **(AD only)** Prepare the Base Dental Service Report by entering data into the Dental Data System (DDS) following the procedures and guidance specified in the DDS Administrator's Guide. The cutoff date for workload data is the last workday of the month being reported. This automated monthly report must contain at least 95 percent of treatment accomplished during the reporting month.

2.2.1.2. **(AD only)** The Base Dental Service Report is verified by the CDS or representative in Dental Data System-Web (DDS-W) within 7 calendar days following the period covered by the report.

2.2.1.3. **(AD only)** Superintendent, AF Dental Data System-Web verifies each MAJCOMs report and the AF Dental Service Report within 10 calendar days following the period covered by the report.

2.2.1.4. **(AD only)** Superintendent, Dental Data System-Web forwards dental readiness classification and other data as appropriate to AFMOA/SG3D by the 12th day of the month following the report period.

2.2.1.5. **(AD only)** Emergency Reporting Procedures. The Dental Service Report is designated emergency status code C-3. Continue sending this report during emergency conditions, precedence delayed. Check DSR for this to determine what Emergency Reporting Procedures are.

2.2.1.6. **(AD only)** Validate and update the Facilities Report in DDS-W quarterly. Follow procedures and guidance established in the DDS-W Administrator's Guide.

2.2.1.7. **(AFRC only)** Enter dental readiness classification and workload into DDS-W

2.2.2. ANG Classification Report. Dental readiness classifications status will be monitored in PIMR/DDS-W at base and ANG/SG level.

2.3. Accreditation of Training Programs. Formal dental training program directors will seek and maintain appropriate accreditation from the American Dental Association Commission on Dental Accreditation.

2.4. Air Reserve Component Dental Officers. ARC dental officers must meet these minimum requirements in addition to ARC participation:

2.4.1. Maintain a current, valid, unrestricted dental license from at least one state or jurisdiction.

2.4.2.1. Practice clinical dentistry, including volunteer service.

2.4.2.2. Occupy an academic or research position.

2.4.2.3. Serve in a dental or health care related position for a state or US governmental agency.

2.4.2.4. Pursue post-doctoral training in an American Dental Association accredited program.

Chapter 3

FUNDS, FACILITIES AND MATERIEL

3.1. Financial Planning. The CDS projects the financial requirements for the base dental service and provides these requirements to the Medical Group Resource Management Office annually.

3.1.1. A dental facility financial plan will be maintained IAW local, MAJCOM, AFMOA or AFMS financial analysis programs.

3.1.2. The CDS should account for all categories of funds (supplies, travel, civilian pay, equipment, contracts, private sector care, graduate and continuing dental education) expended for dental operations.

3.2. Establishing, Modifying and Disestablishing Fixed Dental Facilities:

3.2.1. The Air Force defines dental facilities as any space designated to directly support dental treatment. Dental facilities are either an integral part of a base's medical facility or a separate base facility. Fixed dental facilities are not mobile or equipped with field equipment.

3.2.2. The CDS must consult DECS on all facility projects. DECS provides assistance when initially planning minor construction or military construction program projects. DECS also maintains a DTR inventory for all AD dental treatment facilities.

3.2.3. An appropriate number of DTRs and other dental support space are integral to the efficient delivery of dental care. The CDS must request and obtain prior approval for structural or functional changes to dental facilities. The written request must be coordinated through DECS for final approval by AFMOA/SG3D. For ARC units, final approval is through the appropriate higher headquarters. DECS will retain approval letters. A copy will be returned to the facility to be maintained in the Dental Service Manager's File.

3.2.4. The CDS maintains a DTR inventory for each separate facility under their control. Classify DTRs in each facility as either equipped or converted.

3.2.4.1. 1 Equipped DTRs are those with treatment furnishings in place (dental treatment chair/unit and cabinetry), regardless of whether or not they are actively being used for patient care.

3.2.4.2. Converted DTRS are those rooms previously equipped as DTRs that have had treatment furnishings removed and are being used for an alternate function. These rooms are maintained in the inventory as converted DTRs as long as they remain a part of the dental facility and have the potential to be reconverted to a DTR in the future. They are removed from the inventory entirely if 1) they have been turned over to a department outside of dental, or 2) they have been altered to such an extreme that future re-conversion to a DTR would be impractical.

3.2.4.3. Disposition of equipment and materiel from converted DTRs is accomplished according to local protocols.

3.2.4.4. The CDS will notify DECS and AFMOA/SGD when the classification of a DTR changes so that the DTR inventory can be adjusted.

3.3. Managing Government Property.

3.3.1. The CDS recommends and the MDG/CC appoints a dental property custodian. The custodian may be an enlisted member or a civilian equivalent.

3.3.2. The medical logistics section provides equipment and materiel support to dental facilities.

3.3.3. Dental logistics personnel provide services including, but not limited to:

3.3.3.1. Ensuring the dental service has appropriate supplies and equipment to accomplish its mission.

3.3.3.2. Notifying medical logistics when backordered items are likely to cause a work stoppage.

3.3.3.3. Consulting with medical logistics on the proper procedures for transfer of specialty instruments.

3.3.3.4. Turning-in excess and unserviceable supplies and equipment to medical logistics.

3.3.3.5. Will develop a five-year plan for clinic upgrades/renovations, track equipment life expectancy and maintain an equipment service report.

3.3.4. The CDS or representative must consult with DECS prior to purchasing investment equipment and products that require integration with other systems. This includes dental units, dental chairs, dental lights, compressors, vacuum systems, etc. The CDS or representative should consult DECS publications prior to purchase of minor equipment.

3.3.5. Acquisition, installation, and integration of Information Management/Information Technology systems (advanced technology, computer based/reliant technology, or systems requiring technology integration) will be appropriately coordinated with the local systems office and AFDS IM/IT Consultant.

Chapter 4

OCCUPATIONAL SAFETY AND HEALTH

4.1. Regulatory Responsibilities. The CDS ensures that dental facilities meet all health and safety requirements for both staff and patients.

4.1.1. Dental personnel must comply with federal, Air Force, state and local jurisdiction Occupational Safety and Health Administration regulatory standards.

4.1.2. Dental personnel must properly manage and dispose of regulated medical and hazardous waste.

4.1.3. Dental personnel must wear personal protective equipment when appropriate/required.

4.1.4. The CDS or designated representative must ensure required health and safety training is documented on AF Form 55, *Employee Safety and Health Record* or equivalent.

4.2. Hazardous Material Management. Dental personnel must meet the requirements of AFMAN 48-155, *Occupational and Environmental Health Exposure Controls*. Hazardous materials in the dental clinic should be stored and maintained IAW AFI 32-7086, *Hazardous Material Management Program*.

4.3. Amalgam Waste Handling Procedures. Dental personnel must meet the requirements outlined in the most current Air Force Amalgam Waste Handling Guidelines.

4.4. Infection Control Procedures. Dental personnel, in coordination with the MTF infection control committee, must meet the requirements outlined in the most current USAF Guidelines for Infection Control in Dentistry and in AFI 44-108, *Infection Control Program*.

4.5. As Low As Reasonably Achievable (ALARA) Program. The CDS ensures both the dental staff and patients receive the lowest possible radiation dose consistent with current AFMS Dental Practice Guidelines.

Chapter 5

DENTAL HEALTH RECORDS

5.1. Responsibilities. As specified in AFI 41-210, *Patient Administration Functions*, the CDS is the dental records custodian and ensures that personnel properly manage, control and dispose of dental health records:

5.1.1. Ensure secure storage of dental health records.

5.1.2. Restrict access to dental health records to authorized personnel. The CDS must follow current HA guidelines for Health Information Portability and Accountability Act (HIPAA) and Notice of Privacy Practices (NoPP).

5.1.3. Ensure transfer and disposal of dental health records IAW AFI 41-210 and the Air Force Electronic Records Management (ERM) solution.

5.1.3.1. When family members accompany the AD member, the records of AD family members will be sent to and maintained by the DTF where the sponsor is assigned.

5.1.3.2. When the sponsor goes on an unaccompanied tour, the family dental records should be sent to the DTF where the family is eligible for care.

5.2. AF Forms 2100B-2190B, *Health Record - Dental*. Dental personnel must maintain dental health records for all patients in AF Forms 2100B-2190B folders. Identify the DTF having custodial responsibility by affixing a self-adhesive label in the lower right-hand corner of the dental record folder. Use of the AHLTA electronic medical/dental record in place of AF Forms 2100B-2190B is authorized.

5.2.1. Attach these forms and documents (where applicable) to the fastener on the right side of the folder in descending order:

5.2.1.1. AF Form 745, *Sensitive Duties Program Record Identifier*.

5.2.1.2. AF Form 966, *Registry Record*.

5.2.1.3. AF Form 696, *Dental Patient Medical History*.

5.2.1.4. Envelope for Radiographs. Secure the envelope so it opens on the left to prevent loss of contents.

5.2.2. Attach these forms and documents (where applicable) to the fastener on the left side of the folder in descending order:

5.2.2.1. AF Form 490, *Medical/Dental Appointment* (or locally generated form).

5.2.2.2. AF Form 1418, *Recommendation for Flying or Special Operational Duty - Dental*.

5.2.2.3. **(AD only)** AF Form 422A, *Notification of Air Force Member's Qualification Status*.

5.2.2.4. AF Form 469, *Duty Limiting Condition Report*.

5.2.2.5. SF 513, *Medical Record - Consultation*, and other consult forms requiring responses.

5.2.2.6. Active treatment plan (to include active AF Form 935).

5.2.2.7. SF 603A, *Health Record - Dental Continuation*. Place this form in descending chronological order.

5.2.2.8. SF 603, *Health Record - Dental*.

5.2.2.9. Other permanent historical documentation in chronological order (most recent on top), including but not limited to:

5.2.2.9.1. AF Form 935, *Periodontal Diagnosis and Treatment Plan* (not active).

5.2.2.9.2. AF Form 935A, *Periodontal Maintenance Record*.

5.2.2.9.3. AF Form 935B, *Plaque Index/Bleeding Point Record*.

5.2.2.9.4. AF Form 1417, *Sedation Clinical Record*.

5.2.2.9.5. SF 515, *Medical Record - Tissue Examination*.

5.2.2.9.6. OF 522, *Medical Record - Request for Administration of Anesthesia and for Performance of Operations and Other Procedures*.

5.2.2.9.7. Memoranda of Understanding.

5.2.2.9.8. Civilian/Private Sector Care treatment referrals, and reports.

5.2.2.9.9. DD Form 2813, *Department of Defense – Active Duty/Reserve Forces Dental Examination*. AFRC maintain at least the most recent DD 2813 until the next military dental examination is completed. ANG maintain all DD Form 2813's in chronological order with the most recent on top and under the AF 603.

5.2.2.10. DD Form 2005, *Privacy Act Statement - Health Care Records*, when form is not printed on back cover of AF Form 2100B-2190-B, *Health Record – Dental* (should always be filed closest to the front cover).

5.2.3. IMA and reinforcement designee's dental health records will no longer be maintained at ARPC/SG, but will be maintained at the AD unit of attachment.

5.3. Maintaining Other Uniformed Services' Dental Health Records. Maintain records of other Uniformed Service members treated in Air Force facilities in the manner in which they were received. Record treatment rendered in an Air Force facility using Air Force approved forms. File Air Force approved forms in the manner most consistent with the existing record.

5.4. Documenting Dental Health Records. Dental personnel must document all services provided to patients in the proper health record(s) in a clear, concise, timely, and accurate manner. Documentation should occur the day of the encounter, if this is not possible, documentation should be performed within 72 hours. Use only authorized designations and abbreviations to document treatment, IAW current AFMS Dental Practice Guidelines. Handwritten entries must be legible. Rubber stamps may be used to document repetitive treatment, e.g., exams, prophylaxis, etc. Stamps will use black ink only, and will be designed and applied to fit neatly on the SF 603 and SF 603A and must not obliterate information already entered.

5.4.1. Use SF 603 and SF 603A to record all dental treatment provided to any patient. Dental personnel must complete section 1, including items 4 and 5, when providing definitive care to any patient. Use SF 603A when no more space is available in item 10 of the SF 603.

5.4.1.1. Self-adhesive labels/stickers will not be used to document patient treatment information.

5.4.1.2. **(ANG only)** Documentation of dental treatment for Active Guard Reserve (AGR) personnel by a civilian dentist. Patients will present a SF 603A for the civilian dentist to document treatment rendered. Centered at the top of the SF 603A the term "Civilian Treatment" will be typed in by the ANG dental facility. The dentist's name, address, phone number and dentist's signature will follow the documented treatment. File each SF 603A on the left side in

the dental record with the most recent SF 603 and SF 603A on top. The ANG dental record will not accompany AGR personnel for civilian dental appointments. Separate SF 603As will be used for treatment rendered by different civilian dentists or when treatment changes. A military dentist must review the treatment entry for classification purposes and annotate review on SF 603/603A.

5.4.1.3. **(ARC)** Document date of exam and Dental Readiness Classification on SF 603/603A on all annual dental examinations accomplished by DoD contracted/private dentists. This includes annual dental examinations accomplished using the DD 2813. Dental technicians can update SF 603/603A for dental class 1 & 2 updates from DD form 2813. All dental class 3's documented on a DD Form 2813 or contracted dental report must be verified by a military dentist and documented on the SF 603/603A.

5.4.2. Establish local guidelines for periodic administrative review of dental health records.

5.4.3. Screen dental health records on all personnel separating or retiring from active duty.

5.4.3.1. If a dentist completed a dental examination (periodic oral evaluation as a minimum) within 90 days of separation or release and placed the patient in Dental Readiness Classification 1, enter into the SF 603/603A, "Separation/Retirement: Examination and treatment completed within 90 days of separation or release." Date and sign the entry.

5.4.3.2. If a dental examination has not been completed within 90 days, or treatment is needed, accomplish a dental examination and treatment if possible prior to separation or retirement and follow above procedures to close out the Air Force Dental Health Record.

5.4.3.3. If treatment cannot be completed prior to separation or retirement, state that on the SF 603A, date and sign entry.

5.4.4. Document a patient's dental attendance and treatment in the dental health record and the base dental service report using AF Form 644, (current and/or appropriate version or a locally approved version), *Record of Dental Attendance*.

5.4.4.1. When recording dental treatment information directly onto the patient's SF 603 or 603A, state "see SF 603/603A" in the treatment narrative section of the AF Form 644 or AF Form 644B.

5.4.4.2. As treatment is completed, annotate completed procedure in Section 8 (black pen entry) on the SF 603/603A and erase corresponding pencil entry from Section 9. When treatment entries have filled a page, the information from Section 9 will be transferred to the new SF 603/603A entry page. Document restorative materials IAW the most current version of the AFMS Dental Practice Guidelines.

5.4.4.3. The DDS-W Administrator's Guide gives detailed guidance for completing these forms. The DDS-W User's Guide is located at <https://ddsw.afms.mil/ddsw/mainpage.jsp>

5.4.4.4. For ARC units, completing AF Forms 644/644B is optional.

5.4.5. Send a duplicate copy of AF Form 644/644B to the patient's duty station when the dental treatment record is not available or able to be recorded electronically. For legibility, print or stamp name and rank of provider and assistant as well as the name of the facility where treatment was provided.

5.4.6. Document periodontal assessment and treatment on these forms:

5.4.6.1. AF Form 935, *Periodontal Diagnosis and Treatment Plan*.

5.4.6.2. AF Form 935A, *Periodontal Maintenance Record*.

5.4.6.3. AF Form 935B, *Plaque Index/Bleeding Point Record*.

5.4.7. All endodontic therapy, including diagnostic tests, will be documented on the SF 603/603A. Properly labeled initial and final conventional radiographs will be included in the radiograph envelope. If digital, the disk or printed image must be properly labeled. AF Form 940, *Endodontic Treatment Record* may be used as a diagnostic guide and/or personal record, but should not be included as a permanent part of the patient's record.

5.4.8. Follow local procedures for managing medical inpatient records of all dental inpatients.

5.4.8.1. A statement will be made on the SF 603/603A to the location of pertinent information concerning inpatient treatment. However, Item 8. RESTORATIONS AND TREATMENTS (completed during active duty service) and Item 9. SUBSEQUENT DISEASES AND ABNORMALITIES of the SF 603A must still be completed.

5.4.8.2. Use AF Form 644 for statistical data procedure information only.

5.4.9. Dentists issuing prescriptions either written or through the use of computerized order entry module of the CHCS/AHLTA, must ensure proper documentation of the prescription and the dental health record. The following information must be annotated on the patient's SF 603/603A, section 10:

5.4.9.1. Drug prescribed.

5.4.9.2. Dosage.

5.4.9.3. Amount dispensed.

5.4.9.4. Instructions for use.

5.4.9.5. Number of refills, to include zero/none if that is the case.

5.4.9.6. Include a statement that the patient has been advised of potential risks, side effects, and drug interactions. Dentists must ensure all patients are appropriately educated regarding potential risks, side effects, and drug interactions of prescribed medications.

5.5. Dental Health Records of Personnel on Temporary Duty. Dental health records will not accompany members on TDY unless needed for continued treatment.

5.5.1. Deployed members will not hand-carry their dental health records unless the deployment is expected to last longer than 12 months. The gaining treatment facility determines if the member must hand-carry dental records. The facility in the deployed area is responsible for the return of dental health records to the home station IAW AFI 41-210, *Patient Administration Functions*.

5.5.1.1. The DD Form 2796, *Post-Deployment Health Assessment*, may indicate the need for a post-deployment dental evaluation, but does not document dental treatment rendered on deployment.

5.5.2. Dental records generated due to treatment rendered while on deployment will be consolidated into the existing dental record. A dental officer will review the record, annotate treatment provided in Block 10 of AF Form 603, chart said treatment in Block 8 and determine need for further evaluation or treatment.

5.5.2.1. Clinic 7 in DDS is designated to account for this treatment data and will not be used for any other purpose.

5.5.2.2. Dental care accomplished by dental officers when away from home base and not deployed (e.g., humanitarian missions either on leave or in PTDY status) are not accounted for in DDS.

5.6. Dental Health Record Inventories. Periodic inventories of dental records will be conducted at least annually to:

5.6.1. Identify and forward retained records of departed personnel.

5.6.2. Verify and or correct Dental Readiness Classification and date of last comprehensive or periodic exam. **ANG:** During the annual dental exam, civilian or military records will be reviewed for completeness.

5.6.3. Determine the status of non-AD records and dispose of IAW AFI 33-364, *Records Dispositions - Procedures and Responsibilities*, and the Air Force Electronic Records Management (ERM) Solution.

5.7. Release and Disclosure of Information from Dental Health Records.

5.7.1. Information released or disclosed from dental health records shall be protected IAW AFI 41-210, *Patient Administration Functions* and applicable laws and policies.

5.7.2. Original dental health records are not released to any person or agency outside the Executive Branch of the US government except in compliance with a valid court order or as otherwise required by law.

5.7.3. Patient information may be released to the patient. For release of information to an outside person or agency consult with the Patient Administrative Function in the MTF. Also consult the Patient Administration Function prior to releasing information on minors to parents or legal guardians

5.7.4. The CDS shall coordinate local procedures with the Patient Administration Function to ensure requests for information in potential third party liability cases are managed IAW AFI 41-210.

Chapter 6

PROFESSIONAL CARE OF PATIENTS

6.1. Responsibilities. The CDS ensures comprehensive dental services are readily available for all patients authorized dental benefits and those services are delivered in the most efficient manner possible. The dental services consist of diagnostic, preventive, and corrective treatments and procedures necessary to maintain and or restore health and function of the teeth, periodontium and other related structures in the area of the oral cavity, head and neck. Dental services may also include medically necessary adjunctive dental treatment (e.g., preventive dental treatment prior to radiation therapy, management of oral mucositis from chemotherapy, fabrication of maxillofacial prostheses, etc). Treatments and procedures that are elective in nature (which includes most cosmetic care) will only be performed if required for residency training, in order to conduct approved scientific research protocols, or to maintain staff competency. The CDS determines which specific dental services will be provided at the DTF based on staffing, facilities and mission requirements using current AF and/or DoD guidance (e.g., the AF Defined Dental Scope of Care). Required dental services that cannot be provided in the DTF may be referred to the private sector. Elective care should not be referred to the private sector. The dental records of AD members treated in the private sector are reviewed and updated to ensure that all required notifications, i.e., PRP/SDP (Personnel Reliability Program/Sensitive Duties Program), DNIF/DNIC (Duty Not Including Flying/Duty Not Including Controlling), are made, as well as for forensic reasons. (AFRC only- Dental Services will follow applicable AFRC guidance or directives.)

6.1.1. AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services Systems (MHSS)*, specifies who is eligible for medical and dental care in Air Force facilities and prescribes the extent of authorized care.

6.1.2. Schedule patients for treatment with an automated appointment system sanctioned by the US Air Force Dental Service.

6.1.3. Patients with scheduled appointments must present to the clinic as scheduled. Appointments may be rescheduled IAW local dental clinic policy. The CDS ensures all military personnel understand their responsibilities and should directly engage with commanders, as appropriate.

6.2. Priority of Care. The CDS must establish local procedures to ensure AD personnel (to include RC personnel on active status) maintain optimal dental health. ARC members on AD tours are entitled to the same medical and dental care authorized for members of the regular component, during the period of duty specified in their orders IAW AFH 41-114, *Military Health Services System Matrix*. Prioritize dental services and treatment at Air Force dental facilities in this order:

6.2.1. Authorized beneficiaries with bona fide dental emergencies.

6.2.2. AD personnel in Dental Readiness Classification 4.

6.2.3. AD personnel in Dental Readiness Classification 3.

6.2.4. AD personnel in Dental Readiness Classification 2.

6.2.5. All others IAW AFI 41-115. Non-AD beneficiaries may only be treated on a space-available basis, except emergency dental, medically necessary adjunctive dental, or treatment circumstances further specified in paragraph 6.7. and paragraph 6.8.

6.2.6. Command-sponsored AD family members may receive dental treatment at OCONUS locations IAW current DoD/HA and Air Force policy.

6.3. Diagnosis. It is imperative that a thorough dental examination (see paragraph 6.9) is accomplished and complete diagnoses are made prior to referral for, or initiation of definitive dental treatment.

6.4. Treatment Plan (AD only). The CDS must develop local policies providing for appropriate treatment planning. This should include provisions for ensuring continuity of care and management of comprehensive/complex cases by the provider coordinating the care.

6.5. Urgent and Emergent Dental Care (AD only). The CDS must establish local policies to provide emergent (immediate response) and urgent care (within 24 hours) for acute dental conditions for authorized beneficiaries during and after normal duty hours (AD facilities only). This care should be provided in a DoD facility. If it cannot be provided in a DoD facility, AFMOA/SGD must approve a waiver permitting the use of private sector care. If emergent and or urgent care is outsourced, prior arrangements must be made instructing and directing patients to a specific source or sources for dental treatment. The CDS will develop a process to ensure beneficiaries are able to access care in a timely manner and will periodically evaluate its performance. Dental records of AD members treated after hours in the private sector are reviewed/updated to ensure all required notifications, i.e. PRP/SDP, DNIF/DNIC, are made, as well as for forensic reasons.

6.5.1. Patients will not be treated in AF facilities after hours without a witness present.

6.5.2. The assistant/technician will normally serve as the witness. A patient's family member or escort will not fill this requirement.

6.6. Air Force Dental Readiness Assurance Program (AFDRAP). The CDS ensures all local dental programs and activities supporting the dental readiness of military forces are incorporated into the AFDRAP. At a minimum, this program will include:

6.6.1. Periodic dental examinations for military members.

6.6.2. Dental Readiness Classifications (the *DoD Dental Readiness Classification* is defined in **Attachment 2**).

6.6.3. Monitoring and providing priority care for patients in Dental Readiness Classifications 3 and 4.

6.6.4. Providing AD dental clearances.

6.6.5. Monitoring availability and accessibility of dental services for AD personnel, to include private sector care, if used.

6.7. Family Member Dental Care Program. Family members enrolled in the Family Member Dental Care Program may not receive treatment in military dental facilities except:

6.7.1. Emergency treatment to relieve pain, stop bleeding, treat acute infections or other life-threatening situations.

6.7.2. OCONUS locations where routine dental care for family members is authorized by law and DoD policy.

6.7.3. CONUS locations with accredited dental residencies where limited dental care for children is authorized by law.

6.7.4. Standard priority access and space availability rules outlined in paragraph 6.2. still apply in these cases, and facilities should have detailed plans to ensure AD patients are treated whenever possible.

6.8. Dental Care Supporting Training Objectives.

6.8.1. When unable to perform required dental procedures (training objectives) on AD patients in accredited dental residency programs, treatment may be provided to eligible non-AD beneficiaries to satisfy resident training objectives as follows:

6.8.1.1. AD family members not enrolled in the TDP.

6.8.1.2. AD family members enrolled in TDP receiving services not covered by the TDP or covered services when the annual cap has been met.

6.8.1.3. Retired beneficiaries and their family members.

6.8.2. Non-AD beneficiaries receiving treatment in Air Force dental facilities to satisfy training objectives must sign a Memorandum of Understanding (Training and Proficiency). (See **Attachment 4, Figure 4.**) The dentist apprises the patient of the specific treatment to be received and this treatment supports a teaching program requirement.

6.8.3. Significant effort should be made to identify AD beneficiaries who require treatment that will support resident training objectives.

6.8.4. A Letter of Consent for Imaging/Recording (See **Attachment 4, Figure 10**) signed by the patient is required prior to recording, videotaping, audiotaping, filming, or photographing a patient's participation and appearance for exhibition or distribution. The letter is to be maintained permanently in the patient's dental health record.

6.9. Examinations. Refer to DDS-W User's or Administrator's Guide, and the most current DoD Dental Coding Guide for complete exam procedure specifications.

6.9.1. Place Service members into the appropriate Dental Readiness Classification (1, 2, or 3) (see **Attachment 2**) using an appropriate evaluation from the most current version of the Air Force Medical Service Dental Practice Guidelines.

6.9.1.1. Upon initial entry into active duty, members will be assigned a Dental Readiness Classification. If pathology warranting a Dental Readiness Classification 3 is found during a panoramic radiographic review, an entry should be placed on the SF 603 stating the patient has radiographic findings consistent with or, or is a potential Dental Readiness Classification 3.

6.9.1.2. Ancillary dental personnel may update a Dental Readiness Classification when the update is ordered by a dentist based on a previous exam and documented on the SF 603/603A; e.g., "Class 1 after prophylaxis." Ancillary dental personnel may also make administrative corrections to the Dental Readiness Classification. (AFRC only- ancillary dental personnel may update DRC utilizing information obtained from DD Form 2813).

6.9.1.3. If the previous periodic dental examination was performed more than 90 days prior to completion of dental treatment, a new periodic dental examination must be accomplished before updating the patient to Dental Readiness Classification 1.

6.9.2. Follow the guidance in the current Air Force Medical Service Dental Practice Guidelines or Interim Policy Letters for recording population-based health metrics at every periodic dental examination performed on an AD Air Force patient

6.9.3. Prior to ordering radiographs, a dentist must accomplish a thorough review of the medical/dental history in the record and/or complete a clinical examination of the patient.

6.9.3.1. Personnel may provide appropriate diagnostic radiographs taken by a civilian dentist within the past year for inclusion in the dental health record in lieu of radiographs taken by Air Force personnel.

6.9.3.2. Source of radiographs will be annotated in Item 10 of the SF 603/SF 603A.

6.9.4. Perform periodic dental examinations on an annual basis on all AD Air Force and ARC personnel to assess each member's readiness status.

6.9.4.1. Manage these examinations and reporting of members not meeting standards in accordance with the DDS-W User's or Administrator's Guide and AFI 48-123, *Medical Examination and Standards* and AFI 10-250, *Individual Medical Readiness*. **AFRC**: refer to applicable AFRC guidance or directive.

6.9.4.2. (**AFRC only**) All AFRC personnel will receive a dental readiness classification at Basic Military Training or during Technical Training School. Every third ADE must be accomplished by a military dentist. The intervening 2 ADE's may be completed by a civilian dentist utilizing the DD Form 2813. An exam completed by a DoD contracted dentist (e.g. RHRP) will be considered a military examination.

6.9.4.3. (**ANG only**) All ANG personnel will receive a dental readiness classification at Basic Military Training or during Technical Training School. Every fifth ADE must be accomplished by a military dentist. ANG personnel may receive their annual dental examination utilizing the DD 2813 or DoD contracted dentists for the intervening 4 ADE's, without a requirement of a blood pressure reading. An exam completed by a DoD contracted dentist (e.g. RHRP) will be considered a military examination.

6.9.5. Additional requirements for **ARC** personnel:

6.9.5.1. (**AFRC only**) Refer to AFRC guidance or directive, which contains AFRC unique references not otherwise addressed. AFRC/SGP should additionally be notified for IMAs failing to correct dental deficiencies in a timely manner.

6.9.5.2. (**ANG only**) ANG Members identified as dental readiness class 3 (not worldwide qualified) are placed on an AF Form 469, IAW AFI 48-123 and AFI 10-203. Follow procedures outlined in **Attachment 3** for management of dental readiness class 3 (non-deployable) patients in the ANG. ANG members identified as dental readiness class 4, because of no available records, will have 90 days to complete an annual dental exam before the Commander and member is sent a non-compliance letter. ANG members identified as dental readiness class 4 for failure to complete/overdue for their annual dental examination will be identified as non-compliant and are processed IAW AFI 36-3209, *Separation and Retirement Procedures for ANG and AFR Members* for failure to complete a medical/dental requirement. State Air Surgeons may not allow ANG members that are Dental Readiness Classification 4 to perform IDT for pay or points. Members are overdue (classification 4) for their annual dental exam if the exam is not accomplished within three months following the due month.

6.9.5.3. Other service members receiving care in Air Force DTFs will be evaluated using the DoD Dental Readiness Classification system (**Attachment 2**) and the results will be reported to their command structure based on local agreements.

6.9.6. Combined examination and oral prophylaxis appointments are strongly encouraged since this is the most efficient and customer-centered approach. The CDS must notify AFMOA/SG3D when unable to provide these combined appointments.

6.9.7. Update Dental Readiness Classification on Air Force members:

6.9.7.1. Upon completion of an appropriate dental examination (typically 0150 – Comprehensive oral evaluation or 0120 – Periodic oral evaluation).

6.9.7.2. To correct an error.

6.9.7.3. Update ANG Dental Readiness Classification in DDS-W. An ANG member in Dental Readiness Classification 3 may have their dental profile changed by an appropriate dental examination to verify required dental treatment has been performed.

6.9.7.4. Ancillary dental personnel may update the patient's Dental Readiness Classification as noted in paragraph 6.9.1.2.

6.9.8. Completing the "Date of Update" section on the AF Form 644.

6.9.8.1. The date entered in this section is used to trigger the patient's next periodic exam.

6.9.8.2. If a patient's course of treatment is not extensive and/or is completed within 90 days, the date of the most recent dental examination (typically a 0150 – Comprehensive oral evaluation or 0120 – Periodic oral evaluation) should be entered in this section.

6.9.8.3. After an extensive course of dental treatment, the dentist must use clinical judgment to determine the date to be entered in this section. For example, if a patient needs a follow-up exam in four months the date entered in this section should be backdated 8 months. By doing this the patient will be notified of exam requirement in 4 months.

6.9.8.3.1. As per paragraph 6.9.8.2 if the previous periodic dental examination was performed more than 90 days prior to completion of treatment, a new periodic dental examination must be accomplished before updating to Dental Readiness Classification 1. Enter the date of this new periodic exam into "date of update" section on AF Form 644.

6.9.9. Complete or update AF Form 696, *Dental Patient Medical History*, on all patients at their initial/periodic dental examination, before initiating a new course of treatment, annually during a lengthy course of treatment or if a change in the patient's health status occurs.

6.9.9.1. The dentist evaluates the significance of all positive entries and records pertinent findings in the "Dentist's Comments" section. The dentist and patient (or legal guardian) must sign all medical histories.

6.9.9.2. Each individual provider treating a patient is responsible for being aware of the patient's health history, regardless of when it was updated.

6.9.9.3. Review and annotate the AF Form 696 when the patient changes dentists, when the course of treatment requires additional evaluation, or when periodic dental examinations are provided more than annually.

6.9.9.4. Dental personnel who perform an oral prophylaxis must review and annotate the AF Form 696. Direct any questions/concerns regarding positive entries to a dentist before administering treatment.

6.9.9.5. When the spaces available for annotation on the AF Form 696 are all filled, the provider should initial and date the AF Form 696 in the "Dentist's Comments" section and note on the SF 603/603A the AF Form 696 was reviewed.

6.9.9.6. Retain all completed AF Forms 696 permanently in the patient's dental health record.

6.9.10. Prior to ordering radiographs, either an examination of the patient or a review of the dental record must first be accomplished. New radiographs may only be ordered by a dentist.

6.9.10.1. Dental radiographs will be mounted in film holders using the American Dental Association's mounting guidelines.

6.9.10.2. A dental panoramic radiograph is required when:

6.9.10.3. An individual enters the Air Force.

6.9.10.4. A panoramic radiograph is not in the AD member's dental health record or available electronically.

6.9.10.5. The panoramic radiograph is no longer of clinical or forensic diagnostic value or quality, e.g., when extensive treatment has been completed.

6.10. Active Duty Dental Clearances. Upon notification of a member's PCS to an overseas location, remote site or GSU, the dental service will process the dental clearance as specified in AFI 36-2102, *Base Level Relocation Procedures*. Upon notification of a deployment to a remote site or GSU, the dental service will follow the MAJCOM or base processes for clearances. Observe these clearance requirements:

6.10.1. Members in Dental Readiness Classification 3 are normally not dentally cleared for PCS to an overseas location, remote site or GSU. It is recommended that they receive all treatment necessary to return to Dental Readiness Classification 1 or 2 prior to departure. In the event that all treatment cannot be completed prior to departure, it is recommended that the losing CDS contact the gaining CDS to determine if required treatment can be provided at the gaining DTF. If required treatment cannot be provided at the gaining DTF, the CDS of the losing DTF should contact the homestation SGH to determine if a delay in reporting date is necessary. The dental readiness status of members in Dental Readiness Classification 4 is unknown and they must receive a dental examination to determine their suitability for a PCS to an overseas location, remote site or GSU.

6.10.2. When scheduling and resources permit, members with a PCS assignment to an overseas base with an established DTF should at least be in Dental Readiness Classification 2 prior to PCS. A record review by dental personnel is required for this determination. Graduates of Basic Military Training and Technical Training may proceed to their first PCS assignment in Dental Readiness Classification 3 or 4 provided their base of assignment has an established DTF; otherwise follow guidance in paragraphs 6.10.1 and 6.10.3.

6.10.3. Members being reassigned to remote or GSU locations where routine dental care is limited:

6.10.3.1. Require a dental examination by a dentist unless at least a periodic dental examination has been completed within 90 days of the notification letter. If an examination was accomplished within 90 days of the notification letter, a dental record review by a dentist will suffice. This review may be delegated to appropriate support staff if the member being reassigned is in Dental Readiness Classification 1.

6.10.3.2. Must be given a high priority of care to correct dental defects and conditions.

6.10.4. When members are being deployed, a record review is done to determine the current Dental Readiness Classification. Follow these guidelines as minimum:

6.10.4.1. Members in Dental Readiness Classification 1 or 2 are qualified for deployment; and every effort should be made to correct those defects the dentist suspects may cause a change to readiness classification 3 while deployed.

6.10.4.2. When it is determined that a member is in Dental Readiness Classification 3, every effort should be made to complete treatment of all disqualifying dental conditions. Placement into Dental Readiness Classification 3 will be communicated to the member's commander by way of the AF Form 469. The AF Form 469 will be completed in PIMR.

6.10.4.3. AF Form 469 will be used as the primary means of notifying commanders that a member, identified for deployment, is in Dental Readiness Classification 3. The provider must check the Mobility Restriction box on AF Form 469 if he/she feels that the member should not deploy. The provider will also provide an estimated date of return to Dental Readiness Classification 1 or 2 in the Release Date for Recommendation section of AF Form 469.

6.10.4.3.1. The member's commander has the option to concur/non-concur with the provider's recommendation. Non-concurrence will be communicated back to the provider through the profile officer.

6.10.4.4. AF Form 469 will also be used to notify commanders when a member's dental condition results in a duty restriction, regardless of the length of duty restriction. The AF Form 469 will be completed in PIMR and must be signed by the provider.

6.10.4.5. When it is determined the member's Dental Readiness Classification will change to Dental Readiness Classification 4 while deployed a periodic dental examination will be completed prior to the member's deployment.

6.10.5. (**ANG Only**) When members are being activated for extended AD, a record review is completed to determine the current Dental Readiness Classification. Follow these guidelines as minimum:

6.10.5.1. Members in Dental Readiness Classification 1 or 2 are qualified for deployment; every effort should be made to correct those defects the dentist suspects may cause a change to readiness classification 3 while deployed.

6.10.5.2. When it is determined that a member is in Dental Readiness Classification 3, every effort should be made to complete treatment of all disqualifying dental conditions. The dental officer completes an AF Form 469, noting any restrictions and instructions, and forwards it to the MTF section that oversees the physical profile process.

6.10.5.3. When it is determined member's Dental Readiness Classification will change to Dental Readiness Classification 4 while deployed, if time permits a periodic examination should be completed.

6.11. Private Sector Dental Care. PSC will be employed to alleviate the effects of military manpower shortages, lack of capability, limited access to care or other contingencies. AFMOA/SG3D will provide guidance for the referral of dental patients for PSC.

6.11.1. A statement must be added to the SF 603/603A by a dentist stating that the patient has been referred for PSC and a brief description of the treatment requested. The date of referral and dental readiness classification will be included.

6.11.2. Patients who live and work outside a 50-mile radius of the DTF are considered remote and are entitled to use the TRICARE Prime Remote Dental Program.

6.11.3. Pertinent/relevant copies of the dental health record will be released to the patient in accordance with AFI 41-210, HIPAA guidance, and local guidelines when patients have appointments with civilian providers.

6.11.4. The CDS should provide guidance to the local civilian providers regarding notification of treatment provided. This information returned must include: date of care provided, name of dentist/hygienist providing care, what treatment was provided (e.g. FGC #3; RCT #14, etc) and patient disposition.

6.11.4.1. A post-treatment entry on the 603/603A noting the requested treatment had been accomplished (including the information from paragraph 6.11.3.1.), class update, and applicable charting must be documented in Section 8 of the SF 603/603A.

6.11.5. A log shall be created to track those patients that have been referred for PSC. Treatment progress shall be tracked on a monthly basis until PSC treatment is completed. Twelve months of PSC referrals shall be maintained in the logbook.

6.12. Family Member Overseas Dental Clearances. Family members of AD personnel should be cleared prior to departure.

6.12.1. The Special Needs Identification and Assignment Coordination (SNIAC) process outlines the method for providing dental clearances as specified in AFI 41-210 para 3.11, *Patient Administration Functions*.

6.12.2. Use AF Form 1466, *Request for Family Member's Medical and Educational Clearance for Travel*, and AF Form 1466D, *Dental Health Summary*, to accomplish the assessment.

6.12.2.1. When the family member is enrolled in the TDP, the civilian dentist will complete the AF Form 1466D.

6.12.2.2. When an eligible family member is not enrolled in the TDP, a dental examination is required at the nearest military dental facility; and a dental officer will complete the AF Form 1466D. If dental treatment is indicated and time permits, the sponsor should be encouraged to immediately enroll in the TDP.

6.12.2.3. The dentist should describe all the oral and dental conditions requiring treatment in Block 3, AF Form 1466D. More detailed information will assist the gaining base SGH and CDS in deciding whether their base has the facilities and resources to provide care for the individual.

6.12.2.3.1. Family members with significant dental defects (commensurate with Dental Readiness Classification 3) should be advised to have all required dental treatment completed prior to PCS.

6.12.2.3.2. Availability of dental services to treat pre-existing conditions may be limited at some OCONUS locations.

6.12.2.3.3. The SGH at OCONUS locations should consult with the CDS prior to accepting patients with significant dental needs.

6.13. Postmortem Dental Identification. Each dental facility must be able to perform or provide for (e.g., collocated Army or Navy facility) postmortem dental identifications.

6.13.1. The CDS assigns a credentialed and privileged dental team leader to each postmortem identification team.

6.13.2. Use these three forms to document the examinations:

6.13.2.1. AF Form 1801, *Postmortem Dental Record*.

6.13.2.2. AF Form 1802, *Antemortem Dental Record*.

6.13.2.3. AF Form 1803, *Dental Identification Summary Report*.

6.13.3. If forms in paragraph 6.13.2. are unavailable, use SF 603 or SF 603A.

6.14. Public Health Surveillance and Reporting . The CDS or designated representative develops procedures with Public Health to ensure required information on patients with communicable diseases is appropriately shared.

6.14.1. Dental providers will notify Public Health of any diseases or conditions on the list of reportable diseases or conditions identified in the *Tri-service Reportable Events Guidelines and Case Definitions* document (these are of interest due to public health impact or military significance). Providers will report diseases or conditions required by state/local, federal or international regulations.

6.14.2. Public Health disseminates periodic feedback to dental providers regarding incidence or prevalence of diseases and conditions of interest or importance.

6.15. Family Advocacy. IAW AFI 40-301, *Family Advocacy*, the CDS ensures all dental personnel receive training on the recognition of child and spouse abuse or neglect, and establishes procedures for immediately notifying the Family Advocacy staff when family maltreatment is suspected. This training must be documented in the appropriate training folders.

6.16. Personnel on Flying Status. The CDS ensures all dental personnel understand their responsibilities for treating personnel on flying status, or in special or space operations.

6.16.1. Use AF Form 1418, *Recommendation for Flying or Special Operations Duty - Dental*, or electronically generated equivalent, to recommend to the Flight Medicine Clinic/providers that commanders should restrict a member's flying, space operations, or special operational duties after dentists/dental hygienists administer a local anesthetic or prescribe medications. The CDS in coordination with the senior flight surgeon determines which copies of the form to use.

6.16.2. Dentists recommend DNIF status for all endodontic procedures involving root canal therapy. The following should apply when recommending return to fly status:

6.16.2.1. Recommend return patient to fly status 24 hours after final endodontic obturation and patient is asymptomatic.

6.16.2.2. Recommend return patient to fly status 24 hours after completion of root canal debridement and placement of calcium hydroxide or other intracanal medicament and patient is asymptomatic.

6.16.3. Dentists providing osseointegrated dental implant services recommend DNIF status until 10 days after Stage 1 implant surgical placement and 10 days after Stage 2 surgical exposure treatment. **NOTE:** Dentists use professional judgment for increasing DNIF status based on the patient's potential for healing, quality of bone and nature of the patient's duties.

6.16.4. Dentists placing guided tissue barrier membranes recommend DNIF status for periods ranging from 7 to 14 days.

6.16.5. Dentists/Dental Hygienists must use professional judgment to recommend DNIF status for other dental procedures. **(ANG Only)** Use SF 513, *Medical Record Consultation Sheet*, to recommend DNIF and referral to the aerospace medicine section.

6.16.6. Dental clinics will notify the flight surgeon using AF Form 1418 when an aircrew member is put in Dental Readiness Classification 3. Include the reason for the class 3 status and a recommendation whether the member should be DNIF. **AFRC** uses the AF Form 422 to identify class 3 status with recommendations. Aerospace medicine will complete AF Form 1042, *Medical Recommendations for Flying or Special Operational Duty*.

6.17. Personnel Reliability Program. The CDS ensures all dental personnel understand their responsibilities involving the PRP/SDP. Monitor and treat members who are in sensitive duty positions or work with nuclear weapons as specified in AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*.

6.18. Hypertension Screening. Hypertension screening must be accomplished for adult patients seeking dental emergency treatment and for all adult patients at initial and periodic dental examinations. Additionally, people who have hypertension should have their blood pressure assessed at each visit in which dental procedures are accomplished. Record blood pressure readings on the AF Form 696 and AF Form 644. Hypertensive patients, not already under the care of a medical provider, should be referred for evaluation according to local policies.

6.18.1. **(ARC only)** Hypertension screening is not required if the annual dental exam is completed by DoD contracted or private dentists. **(AFRC only)** Referrals for hypertension are not required for dental examinations done in conjunction with the PHA.

6.19. Consultations and Referrals. The CDS develops local procedures for appropriate disposition of patients requiring medical and/or dental consultations and referrals. For the purpose of this instruction a referral is defined as when a patient is directed to another provider for evaluation and/or treatment and a response is not required. A consultation is defined as when a patient is directed to another provider who is requested to answer a question to allow the dentist to better or more safely treat the patient. All consults and referrals will be documented on the SF 603/603A when initiated.

6.19.1. Pertinent portions of the dental health record may be copied and released to the patient in accordance with AFI 41-210 and local guidelines when patients have appointments for consultation outside the DTF. The patient is informed to return the consult immediately following the appointment.

6.19.2. The CDS will develop a process to ensure all consultations are answered in a timely fashion. A logbook or suspense file (either electronic or hard copy) will be used and kept on file for a period of 6 months following the date of the answered consult. The findings and recommendations of all consultations will be annotated on the SF 603 or 603A.

6.20. Oral Pathology Services. Follow guidelines in the most current AFMS Dental CPG for collection, submission and documentation of specimens.

6.21. Refusal of Dental Treatment. Refusal of dental treatment that could result in absence from duty or ineligibility for worldwide assignments is incompatible with retention on AD. The CDS must explain the value and necessity of proper oral health care to all AD patients who refuse treatment. If a member still refuses dental care, the CDS must report the refusal to the member's commander, including information about the possible effects that an adverse dental condition may have on the individual's performance of duty and readiness capability.

6.21.1. Record these actions in the patient's dental health record on SF 603 or 603A.

6.21.2. Send an AF Form 422 to the MTF section that oversees the physical profile process for those patients who refuse treatment and are in dental readiness class 3 or 4.

6.22. Comprehensive Pain and Anxiety Control. Dentists will only perform the type(s) of sedation and anxiety control, as defined in the most current version of the AFMS Dental CPG, for which they are trained and hold current privileges.

6.22.1. Only oral and maxillofacial surgeons and properly trained and credentialed dentists may administer General Anesthesia or Deep Sedation/Analgesia.

6.22.2. Only pediatric dentists, oral and maxillofacial surgeons, dentists with at least one year of anesthesia training, qualified physicians, or nurse anesthetists may administer narcotic drugs for sedation to children under six years of age.

6.22.2.1. Dentists will follow requirements for PALS certification IAW AFI 44-102, *Medical Care Management*.

6.22.3. **Controlled Drugs or Controlled Substances.** The CDS or designated officer, by letter of appointment, requests, protects, dispenses and receipts controlled drugs or any other controlled substances by following locally established protocols that have been coordinated with the Chief, Pharmacy Services.

6.22.3.1. The attending dentist ensures, in the presence of a witness, the destruction of the unused portion of a controlled drug ordered for a patient. Document this destruction on AF Form 1417 and AF Form 579, *Control Substance Register*.

6.22.3.2. Dentists issuing prescriptions for controlled substances follow the procedures listed in paragraph 5.4.9.

6.22.4. Dentists requesting credentials for Anxiolysis-Nitrous Oxide/Oxygen, Moderate Sedation/Analgesia must have the following qualifications:

6.22.4.1. Documented training in anxiolysis-nitrous oxide/oxygen, moderate sedation/analgesia acquired in an approved residency program or post-graduate course that complies with the ADA's most current *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*.

6.22.4.2. Current certification in ACLS for moderate sedation/analgesia.

6.22.4.3. Dentists will follow requirements for ACLS certification IAW AFI 44-102, *Medical Care Management*.

6.22.5. Maintaining Privileges. Maintenance of privileges in moderate sedation/analgesia is dependent upon proficiency and active practice.

6.22.5.1. If requested by credentials review function, dentists may provide sufficient evidence of active practice by showing proof of having administered or directly supervised (in official teaching capacity) at least 24 cases during the previous two years. Failure to maintain active practice will result in lapse of such privileges.

6.22.5.2. If credentials in moderate sedation/analgesia have lapsed for two years or less, the following must be accomplished under supervision of a fully credentialed provider (instructor) for privilege renewal:

6.22.5.2.1. Current certification in BLS and ACLS.

6.22.5.2.2. Eight hours of review/instruction including patient management and related aspects of moderate sedation/analgesia.

6.22.5.2.3. Five cases successfully managed under the supervision of the instructor.

6.22.5.2.4. Following successful completion of these criteria, the instructor will submit a letter recommending renewal of privileges to the requesting provider's local credentials committee for consideration.

6.22.5.3. If privileges lapse for a period of more than two years, a comprehensive course of instruction must be completed prior to reinstatement of privileges.

6.22.6. Keeping Records. Use AF Form 1417, *Sedation Clinical Record*, or other locally approved clinical record of anesthesia as stated in the AFMS Dental CPG, to record all pre-, intra-, and post-operative data involving anxiolysis-nitrous oxide/oxygen and moderate sedation/analgesia.

6.22.6.1. Documentation of outpatient anesthesia will be maintained in the patient's dental health record on the left side of the folder with other permanent documentation. Reference the sedation or anesthesia record on the SF 603/603A.

6.22.6.2. For inpatients, place a copy of the sedation record in the inpatient record.

6.23. Disposition of Removed Prostheses.

6.23.1. Fixed metal restoration(s) removed from a patient's mouth will be given to the patient. If used as a provisional restoration, the fixed metal restoration(s) should be returned to the patient after a definitive prosthesis is cemented.

6.24. Orthodontic Services.

6.24.1. Orthodontic treatment is generally elective. Unless orthodontic care is required, as listed below, it will not be referred for private sector care. Orthodontic services may be provided in these circumstances:

6.24.1.1. To support adjunctive medical or surgical care of traumatic injuries.

6.24.1.2. To correct a malocclusion of the teeth and/or mal-relation of the jaws when such therapy is required to accomplish other necessary dental treatment.

6.24.1.3. To correct a malocclusion or a mal-relation that has a direct effect on the individual's physical health or duty performance.

6.24.2. Air Force dentists observe these administrative policies for AD members:

6.24.2.1. The examining dentist informs the member that orthodontic treatment is elective or deferrable and it is not an entitlement.

6.24.2.2. The examining dentist determines a member's eligibility at the installation where treatment occurs. The dentist may elect to make records that include diagnostic casts and radiographs to determine eligibility. The dentist informs the member that the examination is not the beginning of treatment.

6.24.2.3. AD members are eligible for orthodontic treatment only when the member has sufficient AD service retainability and a tour length that allows dentists to be reasonably certain that they can complete the active portion of the orthodontic treatment at the present duty location.

6.24.2.4. When orthodontic care is not available at the military facility:

6.24.2.4.1. An AD member may elect to seek civilian orthodontic treatment at his/her own expense only with the written approval of the CDS or designee.

6.24.2.4.2. CDS enters on SF 603/603A that the member was counseled on Air Force policies regarding elective orthodontic treatment. The member will sign SF 603/603A.

6.24.2.4.3. Rated personnel require prior written approval on SF 513 from the flight surgeon's office before seeking civilian orthodontic treatment.

6.24.2.4.4. The member may be referred for PSC only if it is required to correct recent trauma and/or in support of required oral/maxillofacial surgery or dental treatment.

6.24.2.5. Before recommending or starting orthodontic treatment, the dentist initiates a **Memorandum of Understanding - Orthodontic**, explains it to the patient and witnesses the patient's signature. (**Attachment 4, Figure 5.** illustrates this statement.) In addition, all AD are required to have a **Commander's Concurrence Form** completed by their commander. (**Attachment 4, Figure 6.** illustrates this statement.) These forms become a permanent part of the patient's dental health record.

6.24.2.6. The dentist may remove and replace active appliances with suitable retention appliances if an AD member undergoing active treatment is selected for a PCS location where no military orthodontic treatment is available. If civilian orthodontic treatment is available at the gaining location, the patient may elect to have the appliance left on with an inactive wire prior to PCS. The patient must sign a statement in the dental treatment record acknowledging that he/she has elected to PCS with appliances in place and accepts full financial responsibility for completion of treatment with a civilian orthodontist. The patient must also be made aware before continuation or completion of orthodontic treatment at a new location, the guidelines noted in 6.24.2.4. must be followed. The transferring dentist completes and signs a transfer summary and provides the patient with copies of all pretreatment and inter-treatment records the gaining dentist will need to complete the case. When the patient elects to have appliances removed, treatment may resume after the patient returns to an area with military orthodontic capability provided he/she is still eligible for treatment in military dental facilities. All other eligibility criteria under paragraph 6.24. still apply.

6.24.2.7. For deployments/TDYs up to 180 days, the treating dentist may deactivate orthodontic archwires and place passive archwires. For deployments/TDYs longer than 180 days the treating dentist should consider removing active appliances and placing the patient in passive retention. The member must have meticulous oral hygiene and sufficient retainability to complete orthodontic treatment after returning from TDY. The patient will be informed that appliances will not be activated while deployed.

6.24.3. Dentists may only offer orthodontic treatment to AD members who have a malocclusion of substantial severity that causes or might lead to an abnormal or inadequate dental function. Examples include:

6.24.3.1. Malocclusions severe enough to warrant orthognathic surgery (skeletal prognathism, retrognathism or apertognathism).

6.24.3.2. Skeletal malocclusions that cause active destruction of hard or soft oral tissues.

6.24.3.3. Malocclusions that require correction in support of other dental specialties.

6.24.3.4. Anterior crossbite of multiple teeth or of a single tooth where the patient experiences traumatic interference in lateral or protrusive mandibular excursions.

6.24.4. Dentists may not initiate comprehensive orthodontic treatment, nor will it be referred for PSC, for any of these reasons:

6.24.4.1. Esthetic reasons only.

6.24.4.2. Crowded teeth only, if the patient can adequately protect the periodontium with reasonable oral hygiene measures.

6.24.4.3. When oral hygiene is deficient or the patient clearly lacks the motivation to maintain reasonable standards.

6.24.4.4. When the overall periodontal prognosis is guarded.

6.24.4.5. When the dentist judges another method of dental therapy to be the treatment of choice.

6.24.4.6. When the dentist believes that minor tooth movement is a good alternative to comprehensive orthodontics.

6.24.5. Base dental services use these priorities for treating family members OCONUS when orthodontic care is available:

6.24.5.1. Those arriving on station in fully banded or bonded active orthodontic appliances that were placed by military or civilian sources before the sponsor's assignment selection date.

6.24.5.2. Those with malocclusions or craniofacial anomalies posing a serious functional or developmental problem and presenting a serious threat to the longevity of the dentition.

6.24.5.3. Those in permanent dentition and approaching the end of active adolescent growth.

6.24.5.4. Those most efficiently treated in the mixed dentition stage of growth and development.

6.24.5.5. Those arriving on station in full active orthodontic appliances placed by civilian sources after the sponsor's assignment selection date.

6.24.6. The dentist counsels sponsors of family members under consideration for orthodontic treatment in military facilities. Inform sponsoring members that they are financially responsible for continuing the treatment if the Air Force reassigns the member or terminates local orthodontic care for any reason. Sponsors should be referred to the Health Benefits Advisor for complete information about the benefit provisions and limitations of assistance from the TDP and other official US Air Force and DoD programs.

6.24.7. The sponsor and the patient, if of legal age, must sign a Memorandum of Understanding - Orthodontic. (**Attachment 4, Figure 5**). The attending dentist must ensure all patients treated have a statement on file. Complete the statement in duplicate. File the original in the dental health record and the duplicate copy at the facility providing orthodontic care.

6.24.8. Dentists may terminate a patient's orthodontic treatment at any time for:

6.24.8.1. Broken appointments; tardiness for appointments.

6.24.8.2. Lost or broken appliances.

6.24.8.3. Failure to maintain proper oral hygiene.

6.24.8.4. Failure to comply with treatment, such as failure to wear appliances, headgear, elastics or other items deemed necessary for treatment.

6.24.9. (**ARC Only**) Deployment and Active Orthodontic Treatment.

6.24.9.1. For deployments/TDY up to 180 days, the treating dentist may deactivate orthodontic treatment, at the patient's expense. For deployment/TDY longer than 180 days the civilian treating dentist should consider removing active appliances and placing the patient in passive retention, at the patient's expense. The member must maintain meticulous oral hygiene while TDY. The member will be informed that appliances will not be activated while deployed.

6.24.9.2. In both cases, the member must sign a Memorandum of Understanding that the Air Force is not responsible for continuation of orthodontic treatment, consequences of interruption

of treatment while deployed, or expenses associated with orthodontic treatment (**Attachment 4, Figure 7**).

6.24.9.3. Reservists under active orthodontic treatment are deployable within these limitations.

6.25. Dental Implants.

6.25.1. Implants should be considered based on the principles of best prognosis, conservatism, and cost effectiveness. The goal for dental implant programs within the AF Dental Corps is to maintain a sensible level of standardization and economy while giving our providers the flexibility to provide their patients with the complete range of treatment options available.

6.25.2. Only implant systems approved by AFMOA/SG3D, approved clones or compatible systems may be used when initiating implant therapy, including implants placed by private sector dentists.

6.25.3. AD patients receiving implant treatment are to be informed of possible duty limiting condition and flying status changes prior to initiating implant treatment.

6.25.4. Before initiating implant treatment, the dentist initiates a Memorandum of Understanding - Dental Implant Therapy, explains it to the patient and witnesses the patient's signature. This statement becomes a permanent part of the patient's dental health record. (**Attachment 4, Figure 8**).

6.25.5. The Military Consultant to the Surgeon General for Prosthodontics is the POC for implant policy, changes to implant policy, and the investigation of implant related issues for AFMOA/SG3D.

6.26. Quality Management/Utilization Management/Dental Peer Review. Dental personnel will follow local Quality Management/Utilization Management (QM/UM) policies established by the MTF Commander and CDS consistent with DoDI 6025.20, *Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas*, as they apply to dental practice. Dental personnel must meet the requirements and dental practice guidelines outlined in the most current AFMS Dental CPG. The CPA&I program provides process and outcomes indicators and a format for peer review of dental practice and procedures.

6.26.1. For dental quality reviews the peer reviewer should be a licensed dentist; for specialty cases the peer reviewer should practice in the same specialty whenever possible. When same specialty review is not possible, a comprehensive general dentist (AFSC 47G3A) may substitute for the first level review.

6.26.2. Second level reviewers must meet the definition of "clinical peer" as published in the Utilization Review Accreditation Commission National Utilization Review Standards.

6.27. Informed Consent. Dental providers must make every attempt to provide appropriate informed consent by disclosing all relevant information to the patient or patient's legal guardian about any proposed treatment.

6.27.1. Dental providers obtain informed consent verbally when verifying the patient's diagnosis and treatment. They must use professional judgment in deciding when to actually document the informed consent. Obtain required informed consent once for a course of treatment unless changes occur in the planned treatment. Consider these factors in deciding when to document informed consent:

6.27.1.1. The proposed treatment entails risks of death or serious harm to the physical or mental health of the patient.

6.27.1.2. The proposed treatment includes unusual procedures that are likely to be unclear to the patient, or treatment outcomes are guarded, poor, or the provider feels the outcome will not meet the patient's expectations.

6.27.2. Documenting Informed Consent.

6.27.2.1. For procedures requiring informed consent and not involving general anesthesia, or moderate sedation/analgesia (conscious sedation); enter a handwritten or overprinted note in either the inpatient record (SF 509, *Medical Record - Progress Notes*), or outpatient record (SF 603 or SF 603A). Both provider and patient must sign the record.

6.27.2.2. For procedures involving moderate sedation/analgesia (conscious sedation), or general anesthesia, complete OF 522, *Medical Record - Request for Administration of Anesthesia and for the Performance of Operations and Other Procedures*, or other appropriate forms (e.g. AETC Form 1202, *Disclosure and Consent – Medical and Surgical Procedures*). Enter a handwritten or overprinted note in either the inpatient record (SF 509, *Medical Record - Progress Notes*) or outpatient record (SF603/603A, SF 509, or OF 522) that is signed by the provider and patient. For outpatients, a copy of the OF 522 or other appropriate form should be filed in the dental health record.

6.27.2.3. Regardless of the treatment setting or forms used, document in lay terms the following points to properly complete the requirements of informed consent:

6.27.2.3.1. The nature of the proposed treatment or procedure.

6.27.2.3.2. Anticipated outcome and the risks and benefits of planned treatment.

6.27.2.3.3. Alternative treatments, including no treatment.

6.27.2.3.4. Risks and benefits of alternative treatments

6.27.3. Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery. Dental personnel will follow the most current AFMS Dental Practice Guidelines procedures for prevention of wrong site surgery.

6.28. US Air Force Preventive Dentistry Program (AD only). The preventive dentistry program provides services to help prevent oral disease and to counsel members on how to establish and maintain good oral hygiene.

6.28.1. The Air Force Surgeon General, on the recommendation from the Assistant Surgeon General for Dental Services, appoints a Special Consultant in Dental Public Health to carry out these responsibilities:

6.28.1.1. Provide guidance on dental health, dental epidemiology and other related matters.

6.28.1.2. Conduct the Air Force Preventive Dentistry Course.

6.28.1.3. Serve as the advisor in preventive dentistry to Assistant Surgeon General for Dental Services.

6.28.2. The CDS must establish an on-going preventive dentistry program and must ensure that preventive dentistry is actively practiced with current information and techniques. The scope of the program should include clinical, community and in OCONUS locations, family member children's phases. The program should follow specific guidance as outlined in the current AFMS Dental Practice Guidelines.

6.28.2.1. Clinical Phase. All aspects of dental health accomplished within the dental facility as defined in the AFMS Dental Practice Guidelines.

6.28.2.2. Community Health Phase. This phase publicizes the program, provides education, and implements necessary procedures to improve the dental health of the military community. A dentist or hygienist must be a member of MTF committees (e.g., Population Health, Prevention) to ensure that dental and oral components of health are addressed community wide.

6.28.2.3. Family Member Children's Phase. This phase is applicable to eligible children of AD members in OCONUS locations where TDP is unavailable. This phase includes these services:

6.28.2.3.1. Appropriate dental examinations. Any examinations and patient treatment must be accomplished on federal installations and on eligible children only.

6.28.2.3.2. Dental prophylaxis, to include fluoride application.

6.28.2.3.3. Oral hygiene counseling.

6.28.2.3.4. Pit and fissure sealants, where appropriate.

6.28.2.3.5. Construction of mouthguards, when needed.

6.28.2.3.6. Prescription for fluoride, if needed.

6.29. Operating Room Privileges. Only dentists who have completed an ADA accredited residency program, received training and demonstrated the skills to act as "primary surgeon" will be granted unsupervised privileges to treat dental patients in the operating room. For this purpose the "primary surgeon" may be an oral and maxillofacial surgeon, pediatric dentist, general dentist or other dentist with the proper credentials as determined by the program director or chief of service. The Surgeon General's Consultant for Pediatric Dentistry should be consulted prior to granting unsupervised privileges for comprehensive treatment of pre-adolescent patients in the operating room to general dentists.

Chapter 7

DENTAL LABORATORY

7.1. Responsibilities. Air Force dental laboratories fabricate prostheses and devices in support of the Air Force mission and, when resources permit, other Federal dental services. Individual AF dental laboratories, in coordination with the Special Consultant to the Surgeon General for Dental Laboratories, are responsible for establishing processes that will lead to a high quality product being delivered to the requesting dental officer in a timely fashion.

7.1.1. The CDS should appoint a dental laboratory officer to assist in providing professional guidance to the dental laboratory.

7.1.2. Each dental laboratory should have a dental laboratory technician (enlisted or civilian) assigned to supervise and manage the base dental laboratory.

7.2. Base Dental Laboratory (BDL). BDLs fabricate dental prostheses and other devices to support local DTF treatment needs. They may provide support to any other Air Force or Federal facilities when resources permit and as determined by the CDS or designee.

7.3. Area Dental Laboratory (ADL). AFMOA/SG3D designates ADLs. They provide complete dental laboratory support, to include workload overflow support, for Air Force BDLs and other Federal dental facilities when existing resources permit. ADLs will:

7.3.1. Provide high quality lab products to DTFs in a timely fashion. The ADL director should maintain a list of the DTFs supported by the ADL.

7.3.2. Provide consultant services to include advice on designing individual cases, workshops for dentists and laboratory technicians, and, when requested and funded, consultant visits to individual bases the ADL supports.

7.3.3. Distribute information addressing technical data and lab management issues to the bases it supports. The CDS ensures that all assigned dentists and laboratory technicians have access to this information.

7.3.4. Coordinate any anticipated/significant changes in its services with AFMOA/SG3D and dental laboratories in its area of support.

7.3.5. Not curtail any dental laboratory services before requesting and receiving approval from AFMOA/SG3D.

7.4. Dental Precious Metals and Alloys.

7.4.1. The dental laboratory maintains a file designated as the "Register of Precious Metals and Alloys" and records data using the metric system. Weights will be recorded to tenths of a gram. The register includes these forms, as applicable:

7.4.1.1. DD Form 2322, *Dental Laboratory Work Authorization*.

7.4.1.2. AF Form 85, *Inventory Adjustment Voucher*.

7.4.1.3. AF Form 520, *Record of Dental Precious Metals and Alloys*.

7.4.1.4. DD Form 200, *Financial Liability Investigation of Property Loss*.

7.4.2. Precious metals will be secured when not in use.

7.4.3. Permanently inserted prostheses become the patient's property.

7.4.4. DD Form 2322 is used as a debit voucher to record on AF Form 520 precious metals unfit for further use. Debit voucher numbers are assigned consecutively by fiscal year on the DD Form 2322.

7.4.5. A separate AF Form 520 will be used for each precious metal/alloy.

7.4.5.1. An AF Form 520 is used for precious metals that may be reused.

7.4.5.2. Miscast or clinically unacceptable cast restorations should be returned to the inventory and recorded as a debit on the issuing AF Form 520.

7.5. Record of Laboratory Services. Use DD Form 2322 to record laboratory services that dental personnel provide for the patient.

7.6. Prosthesis Identification. Permanently place on every definitive removable prosthesis, the initial of the patient's surname and the last four digits of the patient's social security number. Optionally, identification may be placed on orthodontic appliances and other removable appliances/devices (e.g. nightguards, obstructive sleep apnea devices, etc.), but is not required on all intraoral devices or appliances.

7.7. Laboratory Quality Control. Each dental laboratory must establish a quality control program to evaluate and improve the dental prostheses it fabricates.

7.8. Adopted Forms.

AF Form 55, *Employee Safety and Health Record*;

AF Forms 2100B-2190B, *Health Record – Dental*;

AF Form 745, *Sensitive Duties Program Record Identifier*;

AF Form 966, *Registry Record*;

AF Form 696, *Dental Patient Medical History*;

AF Form 490, *Medical/Dental Appointment*;

AF Form 1418, *Recommendation for Flying or Special Operational Duty – Dental*;

AF Form 422A, *Notification of Air Force Member's Qualification Status*;

AF Form 469, *Duty Limiting Condition Report*;

SF 513, *Medical Record – Consultation*;

SF 603A, *Health Record - Dental Continuation*;

SF 603, *Health Record – Dental*;

AF Form 935, *Periodontal Diagnosis and Treatment Plan*;

AF Form 935A, *Periodontal Maintenance Record*;

AF Form 935B, *Plaque Index/Bleeding Point Record*;

AF Form 1417, *Sedation Clinical Record*;

SF 515, *Medical Record - Tissue Examination*;

OF 522, *Medical Record - Request for Administration of Anesthesia and for Performance of Operations and Other Procedures*;

DD Form 2813, *Department of Defense – Active Duty/Reserve Forces Dental Examination*;
DD Form 2005, *Privacy Act Statement - Health Care Records*;
AF Form 644, *Record of Dental Attendance*;
DD Form 2796, *Post-Deployment Health Assessment*;
AF Form 1466, *Request for Family Member's Medical and Educational Clearance for Travel*; AF Form 1466D, *Dental Health Summary*;
AF Form 1801, *Postmortem Dental Record*;
AF Form 1802, *Antemortem Dental Record*;
AF Form 1803, *Dental Identification Summary Report*;
AF Form 1418, *Recommendation for Flying or Special Operations Duty – Dental*;
AF Form 1042, *Medical Recommendations for Flying or Special Operational Duty*;
AF Form 579, *Control Substance Register*;
SF 509, *Medical Record - Progress Notes*;
AETC Form 1202, *Disclosure and Consent – Medical and Surgical Procedures*;
DD Form 2322, *Dental Laboratory Work Authorization*;
AF Form 85, *Inventory Adjustment Voucher*; AF Form 520, *Record of Dental Precious Metals and Alloys*;
DD Form 200, *Financial Liability Investigation of Property Loss*.

JAMES G. ROUDEBUSH
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Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

- ADA, *Current Dental Terminology*, (CDT-2007/2008)
- ADA, *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry*
- AFH 41-114, *Military Health Services System Matrix*, 1 Mar 97
- AFI 10-203, *Duty Limiting Conditions*, 25 Oct 2007
- AFI 10-250, *Individual Medical Readiness*, 9 March 2009
- AFI 32-7086, *Hazardous Material Management Program*, 1 Nov 2004
- AFI 33-364, *Records Disposition—Responsibilities and Procedures*, 22 Dec 2006
- AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*, 7 Mar 2006
- AFI 36-2102, *Base-Level Relocation Procedures*, 18 Sep 2006
- AFI 36-2201 Volumes 1-6, *Air Force Training Program*, 1 Oct 2002, 13 Jan 2004, 10 Aug 2007, 23 Oct 2002, 8 Jun 2004, 27 Sep 2002
- AFI 36-2640, *Executing Total Force Development*, 16 Dec 08
- AFI 36-3209, *Separation and Retirement Procedures for ANG and AFR Members*, 14 Apr 2005
- AFI 40-102, *Tobacco Use in the Air Force*, 3 Jun 2002
- AFI 40-301, *Family Advocacy*, 19 Jan 2005
- AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*, 28 Dec 2001
- AFI 41-210, *Patient Administration Functions*, 22 Mar 2006
- AFI 44-102, *Medical Care Management*, 1 May 2006
- AFI 44-104, *Military and Civilian Consultant Programs and Medical Enlisted Career Field Manager Program*, 1 Aug 1997
- AFI 44-108, *Infection Control Program*, 1 Jul 2000
- AFI 44-110, *The Cancer Program*, 1 Oct 1996
- AFI 44-119, *Medical Quality Operations*, 24 Sep 2007
- AFI 48-123 Volumes 1-4, *Medical Examinations and Standards*, 5 Jun 2006
- AFMAN 48-155, *Occupational and Environmental Health Exposure Controls*, 10 Oct 2008
- AFMS Dental Clinical Practice Guidelines
- AFPD 36-22, *Air Force Military Training*, 22 Mar 2004

AFPD 47-1, *Dental Services*, 7 Sep 1993

Dental Data System – Web User's or Administrator's Guide

DoD Dental Coding Guide

DoD/HA Policy 98-031, *Revised Utilization Management Policy for the Direct Care System When Applied to Dental Practice*, 15 Apr 98

DoDI 6025.8, *Ambulatory Procedure Visit*, 23 Sep 1996

DoDI 6025.19, *Individual Medical Readiness (IMR)*, 3 Jan 2006

DoDI 6025.20, *Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas*, 5 Jan 2006

DoDR 5210.42 AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program (PRP)*, 13 Nov 2006

Policy Letter P07-02: Military Medical Support Office (MMSO) Treatment Permanent Documentation, 21 Mar 2007

Population-Based Dental Health Metrics Guidelines

Title 10, *USC, Armed Forces*, Sections 1074, 1074 a, 1076, 1076a, 1077

Tri-Service Reportable Events Guidelines and Case Definitions (Army Medical Surveillance Activity)

USAF Dental Service Infection Control Program

USAF Dental Service Clinical Performance Assessment and Improvement Program

USAF Dental Service New Officers Orientation Guide

Utilization Review Accreditation Commission National Utilization Review Standards

Abbreviations and Acronyms

AAAHHC—Accreditation Association for Ambulatory Health Care

ACLS—Advanced Cardiac Life Support

AD—Active Duty

ADA—American Dental Association

ADE—Annual Dental Exam

ADL—Area Dental Laboratory

AF/A1—Deputy Chief of Staff, Manpower and Personnel

AFDRAP—Air Force Dental Readiness Assurance Program

AFI—Air Force Instruction

AFIA—Air Force Inspection Agency

AFH—Air Force Handbook

AFMAN—Air Force Manual

AFMOA—Air Force Medical Operations Agency
AFMS—Air Force Medical Service
AFMSA—Air Force Medical Service Agency
AFOSH—Air Force Occupational Safety and Health
AFPC—Air Force Personnel Center
AFPD—Air Force Policy Directive
AFRC—Air Force Reserve Command
AGR—Active Guard Reserve
ALARA—As Low As Reasonably Achievable
ANG—Air National Guard
APU/APV—Ambulatory Procedure Unit/Ambulatory Procedure Visit
ARC—Air Reserve Component
ARPC—Air Reserve Personnel Center
BDL—Base Dental Laboratory
BE—Bacterial Endocarditis
BLS—Basic Life Support
BPA—Blanket Purchase Agreement
CDS—Dental Officer (Chief of Dental Services) in charge of DTF
CDT—Current Dental Terminology
CFM—Career Field Manager
CHAMPUS—Civilian Health and Medical Program of the Uniformed Services
CHCS—Composite Health Care System
CONUS—Continental United States
CPA & I—Clinical Performance Assessment and Improvement
CPAI & Q—Clinical Provider Assessment Indicators and Qualifications
CPG—Clinical Practice Guidelines
DCQ—Dental Charge of Quarters
DCRP—Dental Capability Resourcing Plans
DDS—W—Dental Data System Website
DECS—Dental Evaluation and Consultation Service
DEERS—Defense Enrollment Eligibility Reporting System
DNIC—Duty Not Involving Controlling
DNIF—Duty Not Involving Flying

DOD—Dental Officer of the Day
DoD, DD—Department of Defense
DoD/HA—Department of Defense, Health Affairs
DoDD, DoDI—Department of Defense Directive, Instruction
DM—Dental Module in Reserve Component Periodic Health Assessment
DT—Dental Development Team
DTF—Dental Treatment Facility
DTR—Dental Treatment Room
ECG, EKG—Electrocardiogram
FAC—Functional Account Code
FMDP—Family Member Dental Plan
GSU—Geographically Separated Unit
HA—Health Affairs (OASD(HA) Office of the Assistant Secretary of Defense (Health Affairs)
HHQ—Higher Headquarters
HIPAA—Health Information Portability and Accountability Act
IAW—“in accordance with”
IDT—Inactive Duty for Training
IFB—Integrated Forecast Board
IMA—Individual Mobilization Augmentee
ISP—Inter-Service Support Program
IV—Intravenous
JC—Joint Commission
MA—Mobilization Assistant
MOU—Memorandum of Understanding
MTF—Medical Treatment Facility
M&Q—Monthly and Quarterly
NCO—Non-Commissioned Officer
NGB—National Guard Bureau
NoPP—Notice of Privacy Practices
OASD (HA)—Office of the Assistant Secretary of Defense (Health Affairs)
OSD—Office of the Secretary of Defense
OCONUS—Outside Continental United States
OF—Optional Form

P & H—Periodontal and Oral Hygiene
PALS—Pediatric Advanced Life Support
PCS—Permanent Change of Station
PDE—Periodic Dental Examination
PIB—Performance Improvement Board
PIMR—Preventive Health Assessment and Individual Medical Readiness
POC—Point of Contact
PRP—Personnel Reliability Program
PSC—Private Sector Care
PSR—Periodontal Screening and Recording
RC—Reserve Component (inclusive of all services, Guard and Reserve)
RCS—Report Control Symbol
RIMS—Record Information Management System
RMG—Readiness Management Group
SAV—Staff Assistance Visit
SDP—Sensitive Duties Program
SF—Standard Form
SNIAC—Special Needs Identification and Assignment Coordination
TDP—TRICARE Dental Program
TDY—Temporary Duty
TMA—TRICARE Management Activity
USC—United States Code
VTC—Video Teleconference
WinID—Automated system to assist in the comparison of antemortem and postmortem records

Attachment 2

DEPARTMENT OF DEFENSE DENTAL READINESS CLASSIFICATION

A2.1. CLASS 1. Patients with a current dental examination who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

A2.2. CLASS 2. Patients with a current dental examination who require non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

A2.2.1. Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

A2.2.2. Interim restorations or prostheses that can be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective cuspal coverage is indicated.

A2.2.3. Edentulous areas requiring prostheses, but not on an immediate basis.

A2.2.4. Periodontium that requires:

A2.2.4.1. Oral prophylaxis.

A2.2.4.2. Maintenance therapy.

A2.2.4.3. Treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis, and/or removal of supragingival or mild to moderate subgingival calculus.

A2.2.5. Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

A2.2.6. Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployments up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

A2.2.7. Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

A2.3. CLASS 3. Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

A2.3.1. Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

A2.3.2. Interim restorations or prostheses that cannot be maintained for a 12-month period.

A2.3.3. Patients requiring treatment for periodontal conditions that may result in dental emergencies within the next 12 months. Such conditions include

A2.3.3.1. Acute gingivitis or pericoronitis.

A2.3.3.2. Active progressive moderate or advanced periodontitis.

A2.3.3.3. Periodontal abscess.

A2.3.3.4. Progressive mucogingival condition.

A2.3.3.5. Periodontal manifestations of systemic disease or hormonal disturbances.

A2.3.3.6. Heavy subgingival calculus.

A2.3.4. Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.

A2.3.5. Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.

A2.3.6. Chronic oral infections or other pathologic lesions including:

A2.3.6.1. Pulpal, periapical, or resorptive pathology requiring treatment.

A2.3.6.2. Lesions requiring biopsy or awaiting biopsy report.

A2.3.7. Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (e.g., drain or suture removal) until resolved.

A2.3.8. Acute temporomandibular disorders requiring active treatment that may interfere with duties.

A2.4. CLASS 4. Patients who require periodic dental examinations or patients with unknown Dental Readiness Classification. Class 4 patients are not considered to be worldwide deployable.

Attachment 3

INSTRUCTIONS FOR MANAGEMENT OF DENTAL READINESS CLASS 3 PATIENTS IN THE AIR NATIONAL GUARD AND COMPLETION OF AF FORM 469, DUTY LIMITING CONDITION REPORT

A3.1. ANG Members. ANG members (flying/non-flying) identified as dental readiness class 3 (not worldwide qualified) are placed on an AF Form 469, IAW AFI 48-123 and AFI 10-203. The examining dental officer completes and signs AF Form 469, "Duty Limiting Conditions Report". Ensure that all pertinent blocks are completed, to include the "release date". The AF Form 469 is then routed through the Physical Examination Section (PES), signed by both the PES Manager and the Profiling Officer. A copy of the AF Form 469 will be filed in the dental record until the member completes his dental treatment and returns to dental class 1 or 2. If the AF Form 469 information is documented on the SF 603/603A, the copy of the AF Form 469 may be removed from the dental record and disposed of properly. The original/completed AF Form 469 remains filed in the medical record.

A3.2. Title. Once placed on an AF Form 469, members not on extended AD may not be placed on AD orders and must be approved by the State Air Surgeon (SAS) to attend Inactive Duty for Training (IDT).

A3.2.1. Dental readiness class 3 AF Form 469's, are valid for one year only. During the one-year period all dental readiness class 3 are to be monitored and tracked closely by the Medical Group. Recommend quarterly face-to-face monitoring of dental readiness class 3 for completion of dental treatment, and to track progress in order to leave the SAS waiver in place for attending IDT.

A3.2.2. Upon expiration of the AF Form 469 for failure to complete treatment, a non-compliance letter will be generated with the following remarks: IAW AFI 48-123, ANG members with a known dental condition who refuse to comply with a request for evaluation are considered medically unfit for continued military duty and are processed IAW AFI 36-3209, *Separation and Retirement Procedures for ANG and AFR Members*. The non-compliance letter is forwarded to the member's commander for administrative discharge processing.

A3.2.3. Flying Personnel: An AF Form 1042, **Medical Recommendations for Flying or Special Operational Duty**, will be accomplished. Flying personnel will be in DNIF status while in dental readiness class 3.

Attachment 4
SAMPLE LETTERS

Figure A4.1. ANG Patient Letter of Dental Readiness Classification (Sample).

UNIT LETTERHEAD

(DATE) _____

MEMORANDUM FOR (Individual's Name)

FROM: Base Dental Clinic

SUBJECT: Dental Evaluation/Classification

1. Your recent dental examination revealed deficiencies. According the Department of Defense (DoD) standards these deficiencies identify you to be in Dental Readiness Class 3.
2. The deficiencies identified on the dental chart, (shown above) should be evaluated by your personal dentist as soon as possible. As a member of the Air National Guard (ANG), it is your responsibility to meet the standards for worldwide deployment and military service. Each Air Reserve Forces Ready- and Standby -Reserve member must be medically qualified for worldwide duty under the provisions of AFI 47-101. Members of the ARC not currently on extended active duty status (both Air National Guard and Air Force Reserve) must assume the personal and financial responsibility of meeting these standards for continued participation in the Reserve Forces.
3. ANG personnel in Dental Readiness Classification 3 are immediately profiled on P4T (non-deployable) status IAW 48-123. While on profile, members may be placed on active duty orders at the discretion of their commander to attend Inactive Duty for Training (IDT). Failure to upgrade this profile within one year may lead to discharge IAW AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.
4. A copy of this signed letter will be maintained with your dental record. Please contact me at the clinic if I may be of assistance in advising you regarding your military dental problems.

Dental Squadron Commander or Equivalent

DATE: _____

1st Ind, (Individual's Name)

I have read and understand the contents of this letter and the responsibilities I have to meet DoD standards.

Member Signature

Figure A4.2. ANG Letter to Civilian Dentists Indicating Required Treatment (Sample).

UNIT LETTERHEAD

(DATE) _____

Dear Doctor,

1. (Member's name) is a member of the Air Reserve Component (not currently on extended active duty status) and is required to meet Department of Defense (DoD) dental standards for worldwide military deployment. The intent of the policy is to ensure adequate dental health and minimize the likelihood of a dental emergency over the next 12 months.
2. During a recent dental examination, the indicated disqualifying dental pathology was diagnosed. In order for this member to remain worldwide qualified, these deficiencies must be treated and a dental prophylaxis must be performed. Payment for required treatment is the responsibility of the member (patient). Neither the Air Force nor the Air Reserve Component will accept financial responsibility for this dental treatment.
3. Should you have any questions, please do not hesitate to contact my office at (provide phone number for contact). My point of contact is (name)

Dental Squadron Commander or Equivalent

Figure A4.3. Memorandum of Understanding (Training and Proficiency).

MEMORANDUM OF UNDERSTANDING

TRAINING AND PROFICIENCY

(Name of Treatment Facility),

The Dental Service at (name and address of dental facility) has primary missions in patient care, education and clinical research. AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*, authorizes dental care for specific categories of personnel. Family members and retired personnel receive dental care on a space available basis.

I understand that if I, (name), or my family member, (name), am/is selected to be treated as a non-emergency patient at (name of dental facility), it will be under these conditions:

1. This teaching program selects patients for treatment *only* to fulfill curriculum or proficiency requirements. Qualified staff dentists supervise the dental officers enrolled in the program.
2. Treatment schedules must strictly conform to the needs of the teaching program. Individual appointments can be unusually long, and the total course of treatment can be prolonged, at times over many months. I understand patients should not change or cancel appointments, except for extraordinary circumstances. I must notify (appropriate department) of address or telephone changes. I must pay for all long distance calls.
3. I authorize the Air Force, including (the name of the facility), and all individuals acting pursuant to its authority to record, videotape, audiotape, film and photograph my participation and appearances and to exhibit or distribute such recording(s) in whole or part, without restrictions or limitation for any official purpose, including, but not limited to medical/dental education or publication in professional journals which the United States Air Force, (name of facility) or those acting pursuant to its authority deem appropriate and necessary. I understand my refusal to authorize such use of these recording images will not impair my entitlement to military medical treatment or TRICARE eligibility.
4. This agreement does not require the Air Force to provide treatment. If accepted for treatment, I will be notified. I may inquire periodically about my status by contacting (appropriate department).
5. Once treatment begins, the Air Force does not guarantee its dental personnel will complete or indefinitely continue subsequent phases of treatment. Staff dentists determine when the present phase of treatment is complete or has progressed to a point where its continuation no longer benefits the teaching program. Completion of treatment needs not identified as training needs will be completed by the beneficiary at their own expense in the private sector.
6. The Air Force has assured me that its dental providers will not jeopardize my condition when they terminate care. If the Air Force must terminate my care, a dentist will counsel me on subsequent care I can obtain at my expense.

(Signature of Patient or Sponsor)

Date

(Signature of Training Officer and Department)

Date

Figure A4.4. Orthodontic Memorandum of Understanding.

MEMORANDUM OF UNDERSTANDING ORTHODONTIC

Before starting orthodontic care for my family members or myself, I verify the requirements in AFI 47-101, *Managing Air Force Dental Services*, relating to Air Force orthodontic services have been explained to me. I understand orthodontic services are not available at all Air Force installations and as an Air Force member I will not be assigned, reassigned or transferred in order that I (or my family member) can receive or continue to receive orthodontic treatment. I also understand if the Air Force restricts, suspends or terminates orthodontic services at any Air Force installation or if I receive permanent change of station (PCS) orders to a location where military orthodontic treatment is not available, I must assume the financial responsibility for continuing or completing this treatment. In the case of interceptive orthodontics (minor tooth movement), I understand the Air Force is not obligated to provide care at a later date. Orthodontic care is generally not available in deployed locations. If I am selected for deployment, I understand active orthodontic treatment will be temporarily suspended.

If I separate from active duty before my orthodontic treatment is complete, I may elect to maintain my orthodontic appliances and continue treatment with a civilian orthodontist. I understand my new civilian orthodontist and oral surgeon (surgical cases) will charge their customary fee -- the payment for which the US Air Force will in no way be responsible. If I desire not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, I may elect to have my orthodontic appliances removed. I understand that relapse will occur after this removal. It has been explained to me that orthodontic treatment should be continued to completion, especially in situations involving extraction of permanent teeth or orthognathic surgery.

ORTHODONTIC POLICIES:

1. Broken appointments may justify termination of treatment.
2. Lost or broken appliance may justify termination of treatment. It is the patient's responsibility to safeguard the appliance. If lost or broken, contact the dental clinic for replacement.
3. Lack of patient cooperation in any of the following categories may justify termination of orthodontic treatment:
 - 3.1. Poor oral hygiene
 - 3.2. Failure to wear retainers, removable appliances, headgear, elastics, or other items deemed necessary for treatment.
 - 3.3. Tardiness for appointments.

Printed Name of Patient

Date

Signature of Patient

Date

Figure A4.5. Commander's Concurrence Form.

Dentist: Dr. _____ Phone _____ Date: _____

Orthodontic Treatment for NAME: _____ RANK: _____ SSN: _____

1. The above AD member has a dental malocclusion that impairs his/her dental function and may adversely affect the longevity and health of his/her dentition. The malocclusion existed prior to entry into service (EPTS) and treatment can be deferred in most cases.
2. Elective treatment of this problem is complex and will require orthodontics (braces) and possibly surgery of the jaws. The treatment time is lengthy and will require absence from duty for orthodontic appointments every 4-5 weeks. If jaw surgery is required, approximately 1-2 weeks of hospitalization followed by convalescent leave (approximately two weeks) will be necessary.
 - a. Surgery is/is not anticipated for this patient.
 - b. Anticipated length of treatment for this patient is _____ months.
3. Current medical regulations do not permit a change of assignment or extension solely for the treatment of an EPTS condition. Orthodontic treatment may be discontinued (the braces removed) if an Air Force orthodontist is not available at his/her next duty assignment.
4. The patient understands that treatment does not provide an exemption from worldwide duty including contingency taskings.
5. Please provide the following information:
 - a. Patient's anticipated date of separation: _____
 - b. Patient's anticipated date of PCS: _____
 - c. Is there any action pending or anticipated that might result in an earlier date of separation or PCS?
 - d. Is the patient's duty performance such that you will recommend approval of his/her absence from duty for treatment?
 - e. Will the patient have frequent or extended TDYs (this may interfere with the proposed treatment)?
 - f. Comments: _____
 - g. I do/do not concur with the proposed orthodontic treatment
 - h. I do/do not concur with the proposed orthodontic treatment
6. If you have any questions, please call _____ at XXX-XXXX.
7. When completed please return this completed letter to _____.
8. Treatment will not be initiated until this letter is returned.

Signature

Title

Figure A4.6. Memorandum of Understanding - Deployed Reservists Undergoing Orthodontic Treatment.

MEMORANDUM OF UNDERSTANDING

DEPLOYED RESERVISTS UNDERGOING ORTHODONTIC TREATMENT

I verify that the requirements in AFI 47-101, Managing Air Force Dental Services, relating to Air Force orthodontic services have been explained to me. I understand orthodontic services are generally not available at deployed locations and the Air Force is not responsible for the continuation of orthodontic treatment or the consequences of interruption of treatment while deployed.

I understand my active orthodontic appliances do not need to be removed, but should be deactivated, if I am deployed for 179 days or less. If I am deployed for 180 days or longer, I should have my civilian orthodontist replace the arch wire with a passive wire at my own expense. I understand orthodontic appliances may not be activated while deployed. I may then continue treatment, at my own expense, once I am no longer deployed.

Printed Name of Patient

Signature of Patient

Date

Signature of Dentist

Date

Figure A4.7. Memorandum of Understanding - Dental Implant Therapy.

MEMORANDUM OF UNDERSTANDING

DENTAL IPLANT THERAPY

Before starting dental implant therapy for me (or my family member) I verify the requirements of AFI 47-101, *Managing Air Force Dental Services*, relating to Air Force Implant Program have been explained to me. I understand the possible duty limiting conditions and flying status changes that may result from implant treatment. I understand implant services are not available at all Air Force installations and Air Force members will not be assigned or transferred in order that they (or a family member) can receive or continue to receive implant treatment and the associated restorative procedures. I also understand if the Air Force restricts or suspends implant services at my (or my family member's) assigned duty station, non-active duty beneficiaries must assume the financial responsibility for continuing their treatment. Finally, I understand the Air Force will provide follow-up and maintenance care (if/where available at AD dental facilities) for a maximum of 12 months following completion of implant restoration to non-active duty beneficiaries.

Printed Name of Patient

Signature of Patient

Signature of Dentist

Date

Date